

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

<p>RECEIVED FOR FILING MAY - 2 1977 Office of Administrative Hearings</p> <p>ENDORSED APPROVED FOR FILING (Gov. Code 11380.2) MAY - 2 1977 Office of Administrative Hearings</p> <p>DO NOT WRITE IN THIS SPACE</p>	<p>Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:</p> <p>Department of Benefit Payments</p> <p>Dated: April 27, 1977 (Agency)</p> <p>By: <i>Malcolm Wood</i> Director (Title)</p>	<p>FILED</p> <p>In the office of the Secretary of State of the State of California</p> <p>MAY 02 1977 At 1:50 o'clock P.M. MARCH FONG EU, Secretary of State By: <i>Cheryl Daverman</i> Deputy Secretary of State</p> <p>DO NOT WRITE IN THIS SPACE</p>
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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on July 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend Section 63-2330.4

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

63-2330 NARCOTICS ADDICTS AND ALCOHOLICS (Continued)

63-2330

4. Computing Income

Treatment center residents who are recipients of PA are eligible to participate as one-person households without regard to income and resources. Other residents will participate as one-person NA households. Eligibility for NA households and basis of issuance for all households shall be based on income and resources as defined in Sections 63-2250 and 63-2260. In many cases, participants in such program will have neither income nor resources. The EW should initiate verification if the resident's former economic situation indicates the possibility of income and resources.

to or

.41 Payments Made/on Behalf of Individuals

the individual participant or by
All identifiable payments received by/an authorized drug or alcohol
treatment center specifically on behalf of/named individual shall be
considered income to the individual when determining/adjusted net
income and coupon purchase price. A participant receiving such benefits
is entitled to all normal income deductions. Care payments will not be
allowable income deductions per Section 63-2263.313 for an
attendant or housekeeper necessary for medical care reasons
unless: (1) a physician's statement is on file prescribing
attendant care services and (2) it can be documented that the
recipient is being charged more than other facility residents because
he/she is receiving these additional "care" type services. Where
the two criteria above are met, the allowable deduction will be the
amount of the additional charge.

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(Pursuant to Government Code Section 11380.1)

63-2330

NARCOTICS ADDICTS AND ALCOHOLICS (Continued)

63-2330

EXAMPLE

A resident participant in an authorized alcohol treatment
program is a recipient of County General Relief Board and
Care payments totaling \$161 per month. One hundred fifty-one
dollars is paid to the alcohol treatment center specifically
on behalf of the named individual. The payment is itemized
by the county as \$63 for room, \$55 for board, and \$33
for care. The remaining \$10 is paid directly to the participant/
recipient for personal and incidental expenses. The participant/
recipient has no other nonexempt income nor allowable income

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63-2330 NARCOTICS ADDICTS AND ALCOHOLICS (Continued)

63-2330

.41 Example continued

deductions for the month. His adjusted net income
would be determined as \$161, less an excess shelter de-
duction of \$14.70 (\$63 minus 30 per cent of \$161 or \$48.30),
or \$146.30. The resultant \$30 purchase requirement/is to be
(See Section 63-3200)
paid in full by the treatment facility

.42 Payments Not Made on Behalf of Individuals

Funding from Federal, state or local sources provided directly to any
authorized drug or alcoholic treatment program shall not be considered
in the determination of an individual participant's adjusted net income
and purchase price requirement. Program funding from these sources is
based on a predetermined dollar amount per calendar unit (i.e., day or
month) and computed on the basis of bed space or projected program
capacity.

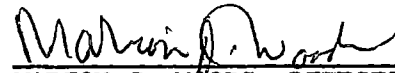
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(Pursuant to Government Code Section 11380.1)

There are no increased county or state costs required by the regulation changes.

Approved:



MARION J. WOODS, DIRECTOR
Department of Benefit Payments

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16-74

FACE SHEET
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RECEIVED FOR FILING

MAY - 2 1977

Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)

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Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: April 27, 1977

By: *Marion P. Worth*

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

MAY 02 1977

At 5:00 o'clock P.M.

MARCH FONG EU, Secretary of State

By *Dorene Seelyan*
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on July 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend Sections: 46-210.51
46-325
46-326
46-430

Repeal Sections: 46-600
46-601
46-603
46-605
46-607
46-609
46-611
46-613

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**CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

46-210 ELIGIBILITY — FACTORS FOR SSP (Continued)

46-210

51 In determining the allowable resources of an individual (and spouse if any), the following items are excluded:

a. The home. _____

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46-325 BENEFIT LEVELS

46-325

The individual or individual and spouse (couple) eligible to receive SSP payments shall receive an amount which when added to ^{her}his or their SSI benefit, if any, and income less allowable disregards, if any, will equal the following, as appropriate to ^{her}his or their situation. _____

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(Pursuant to Government Code Section 11380.1)

46-326 ALLOWANCE FOR RESTAURANT MEALS

46-326

SSI/SSP

The aged or disabled recipient individual or couple, both of whom are aged or disabled, whose living arrangement prevents the preparation of meals at home, shall be entitled to an allowance of \$32 for an individual or \$64 for a couple in addition to any other payments for which they are eligible.

.1 Application Process

.11 Recipients who wish to apply for the restaurant meal allowance shall file their application at the local SSA district office.

.12 (Has been deleted).

.2 Administration of Payments

.21 Eligibility for and payment of the restaurant meal allowance to SSI/SSP recipients shall be administered by the Social Security Administration according to criteria established by SDBP as stated in these regulations.

.22 (Has been deleted).

.3 Eligibility Requirements

An aged or disabled recipient or recipient couple of SSI/SSP _____ can qualify for the restaurant meal allowance by meeting the following requirements:

.31 Meals are not provided as a part of his living arrangements, and

.32 Cooking and/or food storage facilities are unavailable or inadequate for the preparation of the recipient's meals in the existing living arrangements.

.321 Cooking and/or food storage facilities are unavailable and/or inadequate if the recipient does not have a functioning stove, with or without an oven, and a refrigerator or icebox which he may use within his own living arrangement for the preparation of his meals. Cooking and food storage facilities are inadequate if they consist only of a one or two-burner hotplate, camp stove or ice chest.

.322 Living arrangement is considered to be the recipient's living area and that area outside of the immediate living area to which he/she has access and use.

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(Pursuant to Government Code Section 11380.1)

46-326 ALLOWANCE FOR RESTAURANT MEALS (Continued)

46-326

SSI/SSP

.4 Temporary Eligibility

Individuals or couples who must purchase restaurant meals because of the temporary loss or nonfunctioning of their stove or refrigerator may qualify for the restaurant meal allowance if the temporary condition is expected to last one full calendar month or more. The applicant shall be notified of his responsibility to report immediately when he knows the temporary condition will cease to exist.

.5 Determination of Eligibility

.51 The recipient's statement of fact on the application form shall be acceptable proof of eligibility unless the facts as presented are incomplete, unclear or inconsistent. If the facts so presented are incomplete, unclear or inconsistent, SSA will so indicate in the comments section on the application form and send the form to the State Department of Benefit Payments which shall be responsible for a final decision on the eligibility of the recipient. In such cases, SSA shall not process payment for the restaurant meals allowance before receiving a decision from the state.

.52 (Has been deleted).

.6 Beginning Date of Allowance

The beginning date of the restaurant meal allowance shall be the first of the month in which the recipient files an application for this allowance with SSA _____ provided that the recipient is or expects to be without cooking and/or food storage facilities for the full calendar month.

.7 Redetermination of Eligibility

The recipient's statement of fact on the application form shall be completed at the time of redetermination of eligibility for SSI/SSP _____ or when a change in living arrangements is reported, whichever is earlier.

.8 The restaurant meal allowance will be terminated at the end of the month in which the recipient fails to meet the eligibility requirements for the allowance or at the end of the month in which the 10-day notice expires.

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(Pursuant to Government Code Section 11380.1)

46-430 SPECIAL NEED - FOOD FOR GUIDE DOGS

40-430

1 Eligibility

Blind recipients of State Supplementary Program (SSP) for Aged, Blind and Disabled _____ benefits who own a guide dog are eligible for this allowance to purchase food for the dog. A guide dog is a dog trained and used for guiding a blind person in his or her daily activities.

2 Application

The Department shall send application Form SC 1 to blind recipients of benefits under the SSP _____ Programs as identified by the Social Security Administration _____. Blind SSP _____ recipients who had a guide dog in October 1974, or thereafter, may apply on Form SC 1 for an allowance for dog food of \$18 a month. Application should be made to the State Department of Benefit Payments (SDBP), 744 P Street, Sacramento, California 95814.

3 Payments

Payments will be made at the end of the month, in arrears for that month.

The eligibility of qualified applicants, whose applications for this allowance are received before February 1, 1975, may be established for the months prior to February 1975, but not earlier than the month of October 1974.

Payments to qualified applicants, whose applications for this allowance are received after January 31, 1975, will be effective in the month in which the application is received. SDBP must approve or deny every application and notify the applicant of the action not more than 30 days after the date the application is received.

4 Redeterminations

Eligibility for this allowance shall be redetermined at least once every six months. Each recipient will be required to promptly complete and submit a redetermination Form SC 1a as requested by SDBP.

Each recipient is required to promptly notify SDBP if he or she ceases to be a blind recipient of SSP _____ benefits or no longer possesses a guide dog.

5 County Responsibility

The county welfare department shall assist the recipient in completing his/her application for the special allowance when requested to do so.

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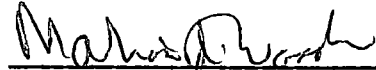
(Pursuant to Government Code Section 11380.1)

The following regulation is to be repealed on July 1, 1977, after its filing with the Secretary of State:

Chapter 46-600 Excess Value Home Program
46-601 General Statement
46-603 Eligibility Factors
46-605 Application Process
46-607 Aid Payments
46-609 Benefit Levels
46-611 Arrangement for Substitute Payee,
Guardian or Conservator
46-613 Funding of Program

There are no increased costs to any unit of local government in these regulations.

Approved:



MARION J. WOODS, DIRECTOR
Department of Benefit Payments

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MAY - 2 1977
Office of Administrative Hearings

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)
Dated: April 27, 1977
By: *Marion J. Wash*
Director
(Title)

FILED
in the office of the Secretary of State
of the State of California
MAY 02 1977
At 1:50 o'clock P.M.
MARCH FONG EU, Secretary of State
By: *Laene Bluyian*
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on July 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend Section: 40-129.4

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(Pursuant to Government Code Section 11380.1)

4 Authorization of Aid on Immediate Need Basis

the CA2 or APSB 201

.41 If it is determined from the facts stated on Statement of Facts and any supplementary facts, the county has or can secure that the applicant is in immediate need and there is no evidence to the contrary, immediate assistance shall be granted. In such case, the statement "immediate need" is recorded on the authorization document. (See Sections 44-317.7 and 47-817.7 regarding beginning date of aid when immediate need exists.) Only one grant of immediate assistance per case may be paid in any 30-day period.

AFDC

.42 When the existence of immediate need is established, the county shall pay the maximum amount to which the applicant would be otherwise eligible or \$100, whichever is less.

.43 The amount of aid granted as immediate assistance shall be offset against the first public assistance grant.

.44 When aid is paid on the basis of immediate need, the county shall verify the applicant's eligibility within fifteen working days of the date of payment.

.441 If the eligibility verification process is not completed within fifteen working days, the county will bear the entire cost of the nonfederal portion of the partial payment made under this section.

.442 If the eligibility verification process is completed within fifteen working days and the applicant is found to be ineligible, the cost of _____ the _____ payment made under this section will be shared by state and county.

.45 (Has been deleted.)

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(Pursuant to Government Code Section 11380.1)

These regulations will not result in added program or administrative costs.

Approved:



MARION J. WOODS, DIRECTOR
Department of Benefit Payments

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4543

FORM 400

FACE SHEET
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Office of Administrative Hearings

ENDORSEDAPPROVED FOR FILING
(Gov. Code 11380.2)**MAY - 9 1977**

Office of Administrative Hearings

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Copy below is hereby certified to be a true
 and correct copy of regulations adopted, or
 amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: May 6, 1977

By: *Marion J. Wash*

Director

(Title)

FILEDIn the office of the Secretary of State
of the State of California**MAY 9 1977**

At 2:35 o'clock P.M.

MARION FONG EU, Secretary of State

By: *Phyllis D. Duda*
Deputy Secretary of State**DO NOT WRITE IN THIS SPACE**

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on June 8, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

ADOPT: Section 4-5530 Conflict of Interest Code

4-5531

4-5532

4-5533

4-5534

4-5535

4-5536

4-5537

4-5538

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CONFLICT OF INTEREST CODE

4-5530

On June 4, 1974, the Political Reform Act of 1974 was enacted into law. A part of that Act has a direct application to employees of the State Department of Benefit Payments. Among the goals the Act seeks to achieve are the following:

1. Public employees should perform their duties in an impartial manner free from bias caused by their own financial interests.
2. Assets and income of public employees which may be materially affected by their official actions should be disclosed and, in appropriate circumstances, the employee should be disqualified from acting in order that conflicts of interest may be avoided.

To accomplish the above goals, to satisfy the requirements of the Political Reform Act of 1974, and to maintain the integrity of and trust in the employees of this Department while administering the laws with which they are charged, the State Department of Benefit Payments adopts the following Conflict of Interest Code.

This code has the force of law and any violation of the Code by a designated employee may subject the employee to the sanctions provided by law.

Nothing in this Code shall exempt compliance from appropriate provisions of any statute or from the Department of Benefit Payments' Statement of Incompatible Activities (§ 4-3100 et seq.).

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DEFINITIONS

4-5531

Except as otherwise provided, the definitions contained in the Political Reform Act of 1974, Government Code § 81000 et seq., and any regulations adopted by the Fair Political Practices Commission pursuant to said Act are incorporated herein and this Code shall be interpreted in a manner consistent therewith.

DESIGNATED EMPLOYEES

4-5532

The following positions are deemed to involve the making or participation in the making of decisions which may foreseeably have a material effect on financial interests of employees holding those positions. All persons holding those positions shall be designated employees.

CATEGORY ADirectorate

Director, Department of Benefit Payments
Chief Deputy Director, Department of Benefit Payments
Executive Assistant to the Director
Executive Secretary, State Benefits and Services Advisory Board
Chief, Office of Public Information
Assistant Director

Legal Affairs Division

Deputy Director, Legal Affairs
Administrative Assistant to the Deputy Director
Chief Counsel
Chief Referee
Assistant Chief Counsel
Staff Counsel III
Staff Counsel II
Staff Counsel I
Legal Counsel
Social Service Review Officer III
Social Service Review Officer II
Staff Services Manager I

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CATEGORY BAdministration Division

Deputy Director, Administration
 Administrative Assistant to the Deputy Director
 Chief, Computer Services Branch
 Chief, Computing Facilities Bureau
 Chief, Systems Analysis Bureau
 Chief, Programming Systems Bureau
 Chief, Financial Management Services
 Chief, Accounting and Systems Bureau
 Chief, Budget Bureau
 Chief, County Fiscal Administration Bureau
 Chief, County Administrative Expense Control Bureau
 Chief, Program Support Branch
 Chief, County EDP Monitoring Bureau
 Staff Services Manager I
 Associate Data Processing Analyst
 Chief, Estimates Bureau
 Chief, Information Development Bureau
 Chief, Program Information Bureau
 Chief, Personnel Management Services Branch
 Chief, Personnel Bureau
 Chief, Training Bureau
 Chief, Affirmative Action Bureau
 Chief, Business Services Bureau
 Staff Services Manager I
 Business Services Officer III
 Associate Governmental Program Analyst
 Women's Coordinator
 Chief, Support Enforcement Branch

Government and Community Relations Division

Deputy Director, Government and Community Relations
 Administrative Assistant to the Deputy Director
 Chief, Civil Rights Branch
 Chief, County Liaison Branch
 Chief, Federal Liaison Branch
 Chief, Office of Legislative Coordination
 Chief, Public Inquiry and Response Branch
 Chief, Regulations Development Branch

Program Development Division

Deputy Director, Program Development
 Chief, Office of Planning
 Chief, Management Analysis Branch

Welfare Program Operations Division

Deputy Director, Welfare Program Operations
 Administrative Assistant to the Deputy Director
 Chief, Adult Program Management Branch
 Chief, AFDC Program Management Branch
 Chief, Food Stamp Program Management Branch
 Chief, WIN-SAU Branch
 Chief, Program Review and Fraud Prevention Branch

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(Pursuant to Government Code Section 11380.1)

CATEGORY CEmployment Tax DivisionDeputy Director, Employment Tax Division
Administrative Assistant to the Deputy DirectorCentral Operations BranchChief, Central Operations Branch
Administrative Assistant to the Branch Chief
Chief, Classified School Employees Trust Fund Bureau
Assistant Chief, Classified School Employees Trust Fund Bureau
Chief, Insurance Accounting Bureau
Tax Administrator II
Accounting Administrator II
Chief, Tax Accounting Bureau
Tax Administrator II
Accounting Administrator II
Chief, Tax Control Bureau
Tax Administrator II
Accounting Administrator IIField Operations BranchChief, Field Operations Branch
Tax Administrator III
Tax Administrator II
Tax Administrator I
Supervising Tax Auditor I
Tax Auditor III
Principal Tax Compliance Supervisor II
Principal Tax Compliance Supervisor I
Tax Compliance Supervisor II
Tax Compliance Supervisor ITechnical Services BranchChief, Technical Services Branch
Chief, Administrative Support Bureau
Chief, Special Services Bureau
Chief, Tax Operations Support Bureau

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CATEGORY DAudit and Evaluation Division

Deputy Director, Audit and Evaluation
Administrative Assistant to the Deputy Director
Chief, Health Operations Branch
Chief, Health Appeals Bureau
Chief, Health Audits Bureau
Staff Services Manager II
Staff Services Manager I
Supervising Governmental Auditor I
Governmental Auditor III
General Auditor III
Chief, Health Recovery Bureau
Tax Compliance Supervisor II
Tax Compliance Supervisor I
Staff Services Manager II
Staff Services Manager I
Chief, Systems Review Branch
Chief, Internal Audits Branch
Supervising Governmental Auditor I
Staff Services Manager III
Staff Services Manager I
Chief, County Evaluation Branch

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DISCLOSURE STATEMENTS

4-5533

All designated employees shall file statements of financial interest disclosing interests identified for each position designated in Section 4-5535 of this Code.

CONTINUATION SHEET
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TIME AND PLACE OF FILING

4-5534

(a) All designated employees required to submit a statement of economic interest shall file the original and one copy with the Conflict of Interest Filing Officer in the Administration Division of the Department of Benefit Payments. The Conflict of Interest Filing Officer shall maintain the files on all designated employees for the Department. The Conflict of Interest Filing Officer shall also forward the original to the California Fair Political Practices Commission and retain a copy on behalf of the Department of the statements filed by the Director of the Department of Benefit Payments, and the Executive Secretary of the State Benefits and Services Advisory Board.

(b) A designated employee required to submit a statement of economic interest shall submit an initial statement of reportable investments within thirty days after the effective date of this Code.

(c) Any employee who is appointed, promoted, or transferred to a position designated in § 4-5532 of this Code shall file an initial statement required of such position within thirty days after the date of appointment, promotion or transfer.

(d) Annual statements shall be filed during the month of February by all designated employees. Such statements shall cover the period of the preceding calendar year, or any portion thereof, represented by the period between the closing date of the employee's previous statement of economic interest and December 31 of that calendar year.

(e) Any designated employee whose employment with the department is terminated, voluntarily or involuntarily, shall, within thirty days after termination, file a statement of economic interest covering the period between the closing date of his or her previous statement of economic interest and his or her termination date.

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SUBJECT MATTER OF FINANCIAL INTEREST STATEMENTS

4-5535

Financial interests of designated employees are to be reported in their statements of economic interest when such interests may foreseeably be affected materially by any decision made or participated in by the designated employee by virtue of his or her position as set forth in Section 4-5532 of this Code, as follows:

Designated employees in Category A must report:

Investments in any business entity and any income from a source which is subject to audit by the Department of Benefit Payments, or which, within the previous two years did, or in the future foreseeably might contract with the State Department of Benefit Payments, a county welfare department, or with the State of California to provide services, equipment, leased space, materials, or supplies to the State Department of Benefit Payments.

Designated employees in Category B must report:

Investments in any business entity and any income from a source which, within the previous two years did, or in the future foreseeably might, contract with the State Department of Benefit Payments, a county welfare department, or with the State of California to provide services, equipment, leased space, materials, or supplies to the State Department of Benefit Payments.

Designated employees in Category C must report:

Investments in any business entity, or any income from a source which is subject to audit by the Employment Tax Division of the State Department of Benefit Payments.

Designated employees in Category D must report:

Investments in any business entity, or any income from a source which is subject to audit by the Audit and Evaluation Division of the State Department of Benefit Payments.

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MANNER OF REPORTING FINANCIAL INTERESTS

4-5536

(a) Contents of Investment Reports:

Investments with a fair market value in excess of one thousand (\$1,000) must be disclosed. When an investment is required to be reported, the statement shall contain:

(1) A statement of the nature of the investment or interest;

(2) The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;

(3) A statement whether the fair market value of the investment exceeds ten thousand dollars (\$10,000), and whether it exceeds one hundred thousand dollars (\$100,000).

(b) Contents of Income Reports:

When income is required to be reported, the statement shall contain:

(1) The name and address of each source of income aggregating two hundred fifty dollars (\$250) or more in value, or twenty-five dollars (\$25) or more in value if the income was a gift, and a general description of the business activity, if any, of each source;

(2) A statement whether the aggregate value of income from each source was greater than one thousand dollars (\$1,000), and whether it was greater than ten thousand dollars (\$10,000);

(3) A description of the consideration, if any, for which the income was received;

(4) In the case of a gift, the amount and the date on which the gift was received.

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(c) Contents of Business Entity Income Reports:

When income of a business entity, including income of a sole proprietorship, is required to be reported, the statement shall contain:

(1) The name, address, and a general description of the business activity of the business entity.

(2) In the case of a business entity which provides legal or brokerage services, the name of every person who paid fees to the business entity if the filer's pro rata share of fees from such person was equal to or greater than one thousand dollars (\$1,000).

(3) In the case of a business entity not covered by paragraph (2), the name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than ten thousand dollars (\$10,000) during a calendar year.

(d) Initial Statement:

The initial statement filed by an employee appointed to a designated position shall disclose any reportable investments.

(e) Acquisition or Disposal During Reporting Period:

In the case of a statement filed under Section 4-5534 (e), if the investment was partially or wholly acquired or disposed of during the period covered by the statement, the date of acquisition or disposal.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

DISQUALIFICATION

4-5537

A designated employee must disqualify himself or herself from making or participating in the making of any decision of the State Department of Benefit Payments when it is reasonably foreseeable that the decision will have a material financial effect, distinguishable from its affect on the public generally, on any entity which is a reportable financial interest (except sources of gifts less than \$250), or in which the employee is a director, officer, partner, trustee, employee, or holds any position of management. No designated employee shall be required to disqualify himself or herself with respect to any matter which could not be legally acted upon or decided without his or her participation.

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

MANNER OF DISQUALIFICATION

4-5538

If a designated employee is given an assignment from which he or she may have a financial interest, and the assignment involves the making or participation in the making of a governmental decision, the employee shall refrain from acting upon the matter and shall execute a disqualification statement in the form of a memorandum stating the nature of the employee's financial interest and the reason the assignment involves the making or participation in the making of a governmental decision which will materially financially affect that interest. The original and a copy shall be given to the employee's immediate supervisor and a copy retained by the employee. The supervisor shall forward the original to the Director of the State Department of Benefit Payments and one copy shall be placed in the file of the case or assignment. The Director or a person designated by the Director shall evaluate the disqualification statement and if he or she concludes the employee should be disqualified from participation in the matter, he or she shall immediately cause the matter to be reassigned to another employee. If the Director or his or her designee concludes that the employee is not disqualified from acting the employee shall be notified in writing of the decision, and may resume work on the assignment.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

There are no increased costs to any level of local government mandated by these regulations.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

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CERTIFICATION OF FPPC APPROVAL

After hearing pursuant to Government Code
§87311 and 2 Cal. Adm. Code §18750, et
seq., the Conflict of Interest Code of the
Department of Benefit Payments

was approved, pursuant to
attached statement of revision*, on 4-20-77,
by the Fair Political Practices Commission.

By: Gale BakerEffective: pursuant to
Government Code §11422.

*revisions herein incorporated.

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

MAY 16 1977

Office of Administrative Hearings

ENDORSED

APPROVED FOR FILING
(Gov. Code 11380.2)

MAY 16 1977

Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true
and correct copy of regulations adopted, or
amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: May 10, 1977

By:

M. J. Fong

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

MAY 16 1977

At 1:49 o'clock P.M.

MARCH FONG EU, Secretary of State

By *Maiprie R. Rensberger*
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on August 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Adopt Section: 29-400

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

29-400 AGREEMENTS AND CONTRACTS

29-400

AFDC INTRODUCTION

This section outlines the mandatory provisions, based on State and Federal requirements, that counties must use when the county welfare department contracts with the county probation department for foster case services.


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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

There are no state mandated local costs in these regulations reimbursable under Section 2231 of the Revenue and Taxation Code as the changes were made to comply with Federal law.

Approved:


MARION J. WOODS, DIRECTOR
Department of Benefit Payments

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FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

MAY 27 1977

Office of Administrative Hearings

ENDORSED

APPROVED FOR FILING
(Gov. Code 11380.2)

MAY 27 1977

Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

DATED: May 19, 1977

By:

Marian F. Woods

Director
(Title)

FILED

In the office of the Secretary of State
of the State of California

MAY 27 1977

At 11:00 o'clock *a* M.

MARCH FONG EU, Secretary of State

By *Margaret R. Hershberger*
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on July 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend Section: 40-181.1

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

40-181 CONTINUING ACTIVITIES AND DETERMINATION OF ELIGIBILITY

40-181

AFDC
APSB

.1 General County Responsibility.

- .11 The county paying aid is responsible for continuing to determine eligibility to insure payment only to eligible recipients in the correct amount, to assist recipients to meet their financial and service needs as fully as possible, and to make maximum use of their resources and capacities. For continuing

by use of

APSB cases, eligibility is established / the APSB 201 at time of application and then reestablished by the APSB 201 at one year intervals. For continuing AFDC-FG or U cases, eligibility is established

by the use of

by the

/ the CA 2 at time of application and then at one year intervals, and also / the CA 7 (i.e., monthly AFDC Eligibility and Income Report, which is submitted monthly). For continuing

by use of

AFDC-BHI cases eligibility is established / the CA 2 at time of application and then reestablished by use of

/ the CA 2 at six-month intervals (See Section 40-181.21).

However, determinations may be made more frequently than normally required if unexpected changes in income, property or other circumstances occur which affect the eligibility or grant level of the recipient.

- .12 Determinations made at more frequent intervals than are normally required shall not interfere with the prompt payment of aid unless there are reasonable grounds to suspect that a change has occurred which may result in ineligibility or overpayment which could not be adjusted within the adjustment period.
- .13 Aid shall not be discontinued nor a warrant cancelled without compliance with Section 22-022.
- .14 In eligibility redetermination, aid shall not be discontinued due solely to circumstances beyond the control of the recipient which prevent the return of the APSB 201, CA 2 or CA 7.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

40-181 CONTINUING ACTIVITIES AND DETERMINATION OF ELIGIBILITY
(Continued)

40-181

AFDC

.141 Failure of the county _____ to provide the recipient
with the required CA 7 form or with the information that
failure to complete and return the form may result in
discontinuance.

.142 Failure of the postal system to deliver the required CA 7
forms in a timely manner.

.143 Physical or mental illness or incapacity of the recipient
which precludes his/her completion or return of the completed
CA 7 form in a timely manner.

.144 A level / ^{of} illiteracy of the recipient which, in conjunction
with other social or language barriers, precludes the recipient's
understanding of the CA 7 reporting requirements.

AFDC
APSB

.145 Failure of the county to properly process the submitted
APSB 201,
CA 2/or CA 7.

- .15 The county is responsible for continuing identification of service needs of the recipient, including medical assistance, and to provide prompt referral for these services.
- .16 Index and file controls shall be established and maintained to ensure appropriate and timely action on items which could affect the recipients' eligibility or the amount of aid. This includes, but is not limited to, maintaining a "tickler file" informing counties when annual redeterminations per the APSB 201 or CA 2 are due.

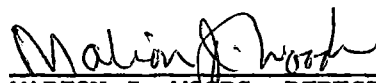
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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

This regulation will not result in any additional county costs.

Approved:



MARION J. WOODS, DIRECTOR
Department of Benefit Payments

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177-5

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
JUN 1 1977
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
JUN 1 1977
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: May 19, 1977

By: *Mahon J. H. [Signature]*

Director

(Title)

OFFICE OF THE SECRETARY OF STATE
OF CALIFORNIA

FILED
In the office of the Secretary of State
of the State of California

JUN 1 - 1977
At 4:40 o'clock P.M.
MARCH FONG EU, Secretary of State
By: *Marjorie R. Kershner*
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on August 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Adopt Section: 63-4140

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-4140EXCHANGE OF OLD SERIES FOOD COUPONS FOR NEW SERIES63-4140FOOD COUPONS

Persons still in possession of old series 50 cents, \$2, and \$5 food coupons may exchange them for new series food coupons using the procedures described below. Households are entitled to a dollar for dollar exchange, except that when a 50 cent food coupon is offered for exchange or the food coupons offered include an odd 50 cent food coupon, a new series \$1 food coupon will be given for the odd 50 cent food coupon.

1. Methods of Exchange

There are two methods for exchanging old series for new series food coupons. County welfare departments may utilize either of the methods described below.

.11 Exchange Performed by County Welfare Departments

- a. When a recipient requests an exchange, the appropriate clerk shall determine the validity of the claim. In this determination, the clerk may consider the previous eligibility status of the claimant, the possibility that excessive amounts (over \$100) of food coupons are offered for exchange, and the authenticity of the submitted food coupons.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-4140EXCHANGE OF OLD SERIES FOOD COUPONS FOR NEW SERIES63-4140Food Coupons (Continued)

- b. If satisfied that the request for exchange is valid, the clerk shall complete Form FNS-135, Certificate of Exchange of Food Coupons (See Section 63-9000). Care should be exercised to ensure that the claimant signs the original and both copies (Items 7 and 8) of Form FNS-135. The original of this form shall be used for accounting purposes; one copy shall be given to the claimant, and one copy shall be retained at the exchange office.
- c. After the transaction is completed, all loose new series food coupons resulting from the exchange and all old series food coupons shall be cancelled immediately and destroyed as soon as possible. Destruction shall be accomplished by burning, shredding, tearing or cutting food coupons sufficiently to make them nonnegotiable. At the time of each destruction, Form FNS-136, Certification of Destruction of Exchanged Food Coupons (See Section 63-9000), shall be completed.
- d. A consolidated Form FNS-136 shall be completed and attached to the original and duplicate of Form FNS-250, Food Stamp Accountability Report, at the end of each monthly reporting period. The consolidated Form FNS-136 must be signed by the same official who signs Form FNS-250. One copy of the consolidated form shall be retained for audit purposes.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-4140EXCHANGE OF OLD SERIES FOOD COUPONS FOR NEW SERIES63-4140FOOD COUPONS (Continued)

- e. Form FNS-250 shall reflect under item I, 13, Returned to FNS, the number of new series food coupon books given in exchange and new food coupons destroyed.

.12 Exchange Performed by the Food and Nutrition Service

- a. The county shall determine the validity of the claim as specified in 63-4140.11a above.
- b. If satisfied that the request for exchange is valid, county personnel shall complete Form FNS-135. Care should be exercised to insure that the claimant signs the original and both copies (Item 7) of Form FNS-135. The original of this form shall be submitted to the Food and Nutrition Service at the address provided below, one copy shall be given to the claimant, and one copy shall be retained at the county welfare department.
- c. All old series food coupons submitted for exchange shall be cancelled immediately and destroyed as soon as possible. Destruction shall be accomplished by burning, shredding, tearing, or cutting food coupons sufficiently to make them nonnegotiable. At the time of each destruction, Form FNS-136 shall be completed.
- d. Submit the original of Form FNS-136 and supporting Form FNS-135 to the:

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-4140EXCHANGE OF OLD SERIES FOOD COUPONS FOR NEW SERIES63-4140FOOD COUPONS (Continued)Director, Food Stamp DivisionATTN: Financial Management BranchFood and Nutrition Service, USDABox 23535, L'Enfant Plaza StationWashington, DC 20024

- e. FNS will forward new series food coupons directly to the claimant and will advise the requesting office accordingly.
- f. The county shall make direct inquiry to the Food Stamp Division (see address above) if after 60 days the claimant reports that the exchange has not been received.

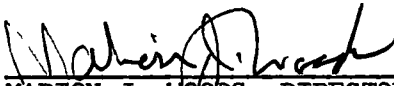
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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

There are no increased costs to local government that require reimbursement under Section 2231 of the Revenue and Taxation Code because this regulation affirms for the State that which has been declared existing law or regulation through action by the Federal Government.

Approved:


MARION J. WOODS, DIRECTOR
Department of Benefit Payments

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FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING**JUN 1 1977**

Office of Administrative Hearings

ENDORSEDAPPROVED FOR FILING
(Gov. Code 11380.2)**JUN 1 1977**

Office of Administrative Hearings

Copy below is hereby certified to be a true
and correct copy of regulations adopted, or
amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: May 26, 1977

By:

M. Marion J. Woods

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JUN 1 - 1977

At 1:40 o'clock P.M.

MARCH FONG EU, Secretary of State

By: *Margie R. Scherberger*
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on July 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend Sections: 42-303
 44-115.8
 44-212.2
 44-315.41
 44-315.42

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

42-303 AFDC REQUIREMENTS

42-303

AFDC

An applicant or recipient is financially eligible during any month in which, on the first of the month his or her actual or estimated gross income minus the exemptions and deductions set forth in .1 and .2 below is less than the corresponding level of the Minimum Basic Standard of Adequate Care for the FBU in the month.

Number of Persons Within the FBU	Minimum Basic Standard of Adequate Care
1	\$ 177
2	297
3	361
4	444
5	513
6	578
7	636
8	702
9	769
10	836

Plus seven dollars (\$7) for each additional person within the FBU.

- .1 All applicable income exemptions listed in 44-111 except that the family exemption of 44-111.23 shall not be applied to the income of any person unless he was eligible for and in receipt of an AFDC payment from any state during one of the immediately preceding four months and is currently included in the FBU.

For purposes of this section and 44-111.23, persons are considered to be in receipt of an AFDC payment when their grant is reduced to zero to adjust or offset a prior overpayment (44-335.2) but not when they are on other noncash grant status including:

- a. Zero Basic Grants (44-315.422) where no payment is made for recurring special needs.
- b. Refused Cash Grant or other Medi-Cal Only cases under Title 22.

- .2 All applicable deductions from gross earnings of work-related expenses in Section 44-113.
- .3 Gross income for purposes of this section includes the amount of a collection by the county on the current support obligation. The exemption in 44-111.3e shall not be applied to such collection when making the financial eligibility determination.
- .4 Financial eligibility shall be determined on the basis of actual gross income received, or a reasonable estimate of gross income expected to be received, minus the exemptions and deductions set forth in .1 and .2 above. Such an estimate must be based on all relevant information available to the county and the recipient. A recipient who received aid for a month shall not later be considered financially ineligible if on the first of that month, he would have been financially eligible pursuant to such an estimate.
- .5 If aid is discontinued because a reasonable estimate of income resulted in financial ineligibility for the recipient and this income was not, in fact, received, the county shall rescind the action and issue the correct grant.

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-115 EVALUATING OF INCOME IN KIND (Continued)

44-115

AFDC | .8 In-Kind Income Values

.81 The following shall be considered as the in-kind income value of certain items of need for an FBU unless a lower value is established pursuant to .82 below; the lesser verified value shall then be used.

.811 Housing

- a. one-person FBU — \$78/per month
- b. two-person FBU — \$105/per month
- c. three-person FBU — \$115/per month
- d. four-person or larger FBU — \$122/per month

.812 Utilities (including telephone)

- a. one-person FBU — \$17/per month
- b. two-person FBU — \$18/per month
- c. three-person FBU — \$20/per month
- d. four-person or larger FBU — \$21/per month

.813 Food

- a. one-person FBU — \$43/per month
- b. two-person FBU — \$54/per month
- c. three-person FBU — \$119/per month
- d. four-person FBU — \$147/per month
- e. five-person FBU — \$177/per month
- f. six-person FBU — \$206/per month
- g. seven-person FBU — \$230/per month
- h. eight-person FBU — \$252/per month
- i. nine-person FBU — \$275/per month
- j. ten-person or larger FBU — \$298/per month

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(Pursuant to Government Code Section 11380.1)

44-115 EVALUATION OF INCOME IN KIND (Continued)

44-115

AFDC

.814 Clothing

- a. one-person FBU --\$14/per month
- b. two-person FBU --\$26/per month
- c. three-person FBU --\$39/per month
- d. four-person FBU --\$52/per month
- e. five-person FBU --\$64/per month
- f. six-person FBU --\$77/per month
- g. seven-person FBU --\$90/per month
- h. eight-person FBU--\$102/per month
- i. nine-person FBU --\$116/per month
- j. ten-person or larger FBU --\$128/per month

AFDC

- .82** If the applicant or recipient does not agree with the value arrived at in .81 above, he/she may submit evidence of the value of the item which he/she received in kind. For housing and clothing, the in-kind income shall be the net market value (see Section 42-203.7) of the item received. For utilities and food, the in-kind income value shall be the cost to the person who paid for the item.

If the applicant or recipient presents satisfactory evidence that the value of the item received in kind is other than the value specified in .81 above, such evidence shall be used by the county in determining the value of the item if it is to the recipient's financial advantage. Recipients who are having in-kind income deducted from their grants should be informed that this method of contesting the values established in .81 above exists.

- .83** If an applicant or recipient presents satisfactory evidence of the value of a need item shared with persons who are not members of the FBU, the in-kind value attributable to the FBU shall be the lesser of:

- (1) their prorata share of the net market value or cost of the item, or
- (2) the value listed in Section 44-115.81 for the FBU.

(Thus, if an FBU of three shares free housing with another person, making a household of four, and the applicant or recipient presents satisfactory evidence that the net market value of the housing is \$120, the in-kind income value of the housing to the FBU would be \$90. If the net market value of the housing is \$160, in this example, then the FBU's prorata share of this amount would be \$120--however, the figure of \$115 from the tables in .81 would be used as the value of the housing because the tables represent the maximum in-kind income value that may be applied.)

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-212 MINIMUM BASIC STANDARDS OF ADEQUATE CARE (Continued)

44-212

- .2 The Minimum Basic Standard of Adequate Care set forth in W&I Code, Section 11452, and previously distributed to the counties for each size Family Budget Unit (see Sections 44-213.3 and .4 for composition of the Family Budget Unit) is as follows:

Size of FBU (Per Section 44-213.3 and .4)	Minimum Basic Standard of Adequate Care
1	\$ 177
2	297
3	361
4	444
5	513
6	578
7	636
8	702
9	769
10	836

plus \$7 for each additional needy person.

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CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

44-315 AMOUNT OF AID (Continued)

44-315

.41 Child Living With Parent or Relative (Basic Cash Grant)

Calculate the amount of the basic cash grant as follows:

- .411** Based on the size of the FBU (see Section 44-213.3) find the maximum aid in the following table:

<u>Size of FBU</u>	<u>Maximum Aid</u>
1	\$175
2	287
3	356
4	423
5	483
6	543
7	596
8	649
9	701
10 or more	754

- .412** Round to the nearest dollar the net nonexempt income (Section 44-100), including in-kind income, with amounts of 50 cents or more rounded to the next higher dollar figure.
- .413** Compare net nonexempt income determined in .412 with the appropriate figure from .411. If .411 is greater than .412, the difference shall be paid as the basic cash grant. If net nonexempt income exceeds the maximum aid payment allowable, the case is classified as a zero basic grant case. Such eligible cases may be entitled to benefits other than the basic grant including payment of special needs.

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

44-315 AMOUNT OF AID (Continued)

44-315

AFDC**.42 Child Living With Parent or Relative (Special Needs)**

Any FBU, when the net nonexempt income is less than the Minimum Basic Standard of Adequate Care (Section 44-212), is considered to be an eligible assistance case and may receive payment to special needs determined as follows:

.421 Round to the nearer dollar the amount of recurring special needs (see Section 44-265.2) the FBU is eligible to receive. Amounts ending in 50 cents should be rounded to the next higher dollar.

.422 Allowable payment for recurring special needs shall be limited as follows:

Basic Grant Cases — up to the appropriate amount in the Table of Maximum Amounts for Recurring Special Needs.

Size of FBU (Per Section 44-213.3)	Maximum Amount for Recurring Special Needs
1	\$ 2
2	10
3	5
4	21
5	30
6	35
7	40
8	53
9	68
10	82

Plus seven dollars (\$7) for each additional person in the FBU.

Zero Basic Grant Cases — up to the difference between the net nonexempt income and the appropriate amount in the Table of Minimum Basic Standard of Adequate Care (Section 44-212).

.423 The amount determined in .421, up to the limitation determined in .422, shall be paid in addition to the basic cash grant.

.424 Round to the nearer dollar the amount of nonrecurring special needs (Section 44-265.3) the FBU is eligible to receive. Amounts ending in 50 cents should be rounded to the next higher dollar.

.425 Payment for nonrecurring special needs shall be added to that determined payable as the basic cash grant and for recurring special needs, provided that any remaining excess of net nonexempt income above the maximum aid payment not utilized to meet recurring special needs is applied to meet the cost of nonrecurring special needs.

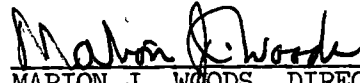
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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because this regulation implements a mandate previously enacted by Statute (Chapter 578, Statutes of 1971), and any newly mandated cost-of-living costs have been disclaimed for reimbursement by Statute (Section 9, Chapter 348, Statutes of 1976).

Approved:



MARION J. WOODS, DIRECTOR
Department of Benefit Payments

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7-2-77

FACE SHEET
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(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JUN 1 1977

Office of Administrative Hearings

ENDORSED

APPROVED FOR FILING
(Gov. Code 11380.2)

JUN 1 1977

Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: May 26, 1977

By: *Maheir J. Worde*
Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JUN 1 - 1977

At 1:40 o'clock P.M.

MARCH FONG EU, Secretary of State

By: *Margie R. Kershner*
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on August 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend Section: Division 21

Repeal Section: 21-105

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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

CHAPTER 21-100 GENERAL PROGRAM REQUIREMENTS

21-101 PURPOSE 21-101

The purpose of Division 21 is to effectuate provisions of Title VI and Title VII

of the Civil Rights Act of 1964, as amended, other federal and
and applicable state law to ensure that employment
opportunities and are delivery of public assistance and social services nondiscriminatory, and
that no person shall on the grounds of race, color, national origin, political affiliation, religion, marital status or
sex be excluded from participation in or denied the benefits of any program or activity receiving federal or state
financial aid.

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(Pursuant to Government Code Section 11380.1)

21-103 SCOPE OF DIVISION

21-103

These nondiscrimination requirements apply to the Department of Benefit Payments, all county welfare departments and all other agencies receiving state or federal monies through the Department of Benefit Payments, in their administration of public assistance, Food Stamps, Medi-Cal eligibility, child support, support enforcement, and social services for which federal or state funds are used, but do not apply to the use of any assistance by any individual who is the ultimate recipient of such funds from any program.

For purposes of this Division, agencies shall refer to county welfare governmental entities or private departments and other agencies receiving state or federal monies through the Department of Benefit Payments. Civil Rights requirements in District Attorney's Offices are covered in separate plans of cooperation. (See M.P.P. Chapter 11-600)

Under an agreement with the Department of Health, these nondiscrimination requirements shall apply to county welfare departments in their administration of Medi-Cal eligibility and social services eligibility and to employment practices within the county welfare departments relating to the Medi-Cal or Social Services programs of the Department of Health, however, Department of Health shall retain the primary responsibility for defining and enforcing Title VI of the Civil Rights Act and other nondiscrimination laws as they apply to the delivery of Medi-Cal services or social services by provider agencies or individuals.

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(Pursuant to Government Code Section 11380.1)

21-107 DISSEMINATION OF INFORMATION

21-107

1 General Requirements

Each agency shall make available to applicants, recipients and other interested persons information regarding the provisions of this division and its applicability to the programs for which the agency receives federal or state financial assistance, and make such information available to them in whatever manner the Department of Benefit Payments finds necessary to apprise such persons of the protections against discrimination assured them by the Civil Rights Act and by these regulations.

2 Specific Methods to be Utilized

.21 Posters

.211 A poster on nondiscrimination supplied by the SDBP is to be posted prominently in all waiting rooms,

.212 All instructional and directional signs posted in the waiting areas and other places frequented by substantial numbers of non-English speaking applicants and recipients must be translated

into the appropriate non-English language and where appropriate state that applicants or recipients whose primary language is other than English can request aid or services in their primary language (see definitions in Section 21-115.1).

.213 SDBP posters will be distributed to church and community groups to be posted.

.22 Pamphlet

A pamphlet supplied by the SDBP titled "Your _____ Rights Under California Welfare Programs" shall be made available _____. Upon request this pamphlet will be available in Spanish to:

.221 Applicants for assistance or services.

.222 Recipients during annual reinvestigation of eligibility and in other appropriate circumstances.

.223 Any other person or organization in the community upon request.

.23 Other Methods of Communication

Additional literature, program information, forms, notices or _____ material shall be provided in the language of non-English speaking applicants and recipients when determined necessary by the SDBP.

.231 In serving applicants for or recipients of aid or services, _____ agencies shall use the version of the _____ form or written material which is in the individual's primary language.

.232 When critical forms or written materials are required to be sent to an applicant for or recipient of aid or services in a language other than English, and these contain blanks which are filled in _____ with information which is peculiar to the individual, any filled in information shall also be translated into the applicant's or recipient's primary language.

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(Pursuant to Government Code Section 11380.1)

21-109 DISCRIMINATORY PRACTICES PROHIBITED

21-109

.1 General

No person shall on the ground of race, color, religion, political affiliation, national origin, marital status or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity within the scope of these regulations. Methods of administration shall not be utilized which have the effect of subjecting individuals to discrimination or defeating or substantially impairing accomplishment of the objectives of these regulations.

.2 Specific Discriminatory Actions Prohibited

In administering any program to which this division applies, ^{agencies} may not directly or through contractual or other arrangements on the grounds of race, color, religion, political affiliation, national origin, marital status, or sex:

.21 Subject an individual to segregation or treatment which is different from others in determining admission, enrollment, quota, eligibility, membership or other requirements related to his or her receipt of any service, financial aid, or other benefit provided to others.

.22 Deny an individual an opportunity to participate in any program of public assistance, food stamps, medical eligibility, child support, support enforcement, and social services or be a member of an advisory board which is an integral part of the program, which is different from that afforded others.

.23 (Has been deleted.)

.24 (Has been deleted.)

.25 (Has been deleted.)

.26 (Has been deleted.)

.27 (Has been deleted.)

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(Pursuant to Government Code Section 11380.1)

21-109 DISCRIMINATORY PRACTICES PROHIBITED (Continued)

21-109

.3 Employment Practices

To assure equality of opportunity to and nondiscriminatory treatment of applicants ^{for} and recipients of federally or state financed programs, discrimination on the grounds of race, color, religion, political affiliation, sex, marital status, or national origin in an agency's employment practices is prohibited to the extent that such practices tend to exclude individuals from participation in a program, deny them the receipt of benefits, or subject them to any other discriminatory practices. Hiring, compensation, and firing practices, which apply to both actual and potential employees, are among the employment practices subject to this requirement.

.31 County Civil Rights Plans

Each county welfare department shall prepare, annually, a Civil Rights Plan in accordance with guidelines issued jointly by SDBP and Merit Systems Services of the State Personnel Board.

Each county welfare department Civil Rights Plan shall be designed to ensure compliance with Title VI and Title VII of the Civil Rights Act of 1964 as amended and other applicable federal and state laws.

Each county welfare department Civil Rights Plan shall consist of two sections:

- (1) An Affirmative Action section to ensure non-discrimination in the county welfare departments employment practices and provide equal employment opportunities for all employees;
- (2) An equal delivery of services section to ensure that ^{all} applicants for and recipients of aid and service shall be treated equally without regard to race, color, national origin, religion, sex, marital status, ^{or} political affiliation. Agencies other than county welfare departments covered by these regulations must conform to 21-201.

.4 Location of Facilities

In determining the site or location of a facility agencies shall not make selections which have the effect of excluding individuals from, denying them the benefits of, or subjecting them to discrimination under any programs to which this regulation applies or with the purpose or effect of defeating or substantially impairing the accomplishment of the objectives of the Civil Rights Act or this division. The extent of present and potential welfare population and availability of public transportation must be considered with respect to possible discriminatory impact upon the delivery of services or assistance resulting from a proposed facility location.

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FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

21-109 DISCRIMINATORY PRACTICES PROHIBITED (Continued)

21-109

.41 Community Impact

A determination shall be made

of other alternative services that will remain in the immediate area after the facility is relocated, and the effects upon the community of the proposed change in location.

In some instances an existing facility does not serve or propose to serve a substantial number of persons residing in the community in which it is located. In these instances plans should be made to relocate the facility.

.42 Transportation

A determination shall be made of the mode of transportation used by the served population (buses, cabs, private automobile, etc.) and the measures being taken or which will be taken to assure the continuing availability of adequate services.

When certain portions or units of the total available services are relocated to a new facility beyond the present facility's program area, it is the responsibility of the county welfare department to assure that services in the relocated facility are provided to no less an extent and manner as were provided in the central facility.

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(Pursuant to Government Code Section 11380.1)

21-109

21-109 DISCRIMINATORY PRACTICES PROHIBITED (Continued)

.43 Discontinuance of Services

Agencies shall assure that under no circumstances is discrimination prohibited by this Division a factor in discontinuing services or relocating a facility.

.44 Volunteer Staff

Agencies shall ascertain the effects of relocating or opening a new facility on the department's ability to recruit volunteer staff who will be ethnically, culturally and linguistically representative of the welfare population.

.45 Hours or Days of Service

Agencies shall not establish hours or days of service which have the effect of limiting or excluding persons protected by these regulations from obtaining services provided to others.

.5 Exemptions

Exclusion of an individual from a program limited by federal law of a particular race, color, or national origin (e.g., Cuban Refugee Services) shall not be considered discriminatory.

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(Pursuant to Government Code Section 11380.1)

21-111 AFFIRMATIVE ACTION GUIDELINES

21-111

In administering programs agencies shall take positive steps to ensure that the delivery of public assistance, food stamps, Medicaid eligibility and social services is nondiscriminatory and equally available to all groups protected by these regulations. This requires an analysis of current practices to determine if any of these practices may tend to impede availability or delivery of benefits. Whatever additional measures are necessary shall be taken to make benefits fully available to all persons, including special efforts to make program information more widely available to such persons.

.2 (Has been deleted.)

.3 (Has been deleted.)

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(Pursuant to Government Code Section 11380.1)

21-114 DATA COLLECTION AND DATA REPORTING REQUIREMENTS21-114

- .1 Each county welfare department shall collect primary language data on a district office basis. In those counties with multiple district offices, primary language data of all AFDC (FG, U, BHI), non-assistance Food Stamps, medically needy only, and social services cases shall be collected.

Utilizing these data each county welfare department shall determine, on a semi-annual basis, the percent of cases in each district office for each primary language spoken.

- .2 Each county welfare department shall submit, on such form as determined necessary by the Department of Benefit Payments, the ethnic origin and primary language data of all AFDC (FG, U, BHI), non-assistance Food Stamps, medically needy only, and social service recipients and cases respectively. This will be on a semi-annual basis, using dates determined by the county and DBP.

County welfare departments are not required to submit primary language data by district offices. However, source data substantiating the compliance report is to be maintained.

Ethnic origin and primary language classification shall be determined by asking the applicant/recipient for the necessary information and informing him/her that should he/she not respond a visual determination will be made.

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(Pursuant to Government Code Section 11380.1)

21-115 PROVISIONS FOR SERVICES TO NON-ENGLISH SPEAKING
APPLICANTS AND RECIPIENTS

21-115

.1 Agencies shall take such steps as are necessary to assure that a sufficient number of qualified bilingual employees are assigned to public contact positions. These employees shall have the language skills and cultural awareness necessary to communicate fully and effectively with and provide the same level of services to non-English speaking applicants/recipients as is provided to welfare the/population at large.

A determination for each _____ district office serving a substantial number (5% or more) of non-English speaking people shall be made of the number of _____ public contact positions in a major occupational group to be staffed with qualified bilingual employees in the following manner:

Multiply the percentage of non-English speaking recipients who are served by each public contact major occupational group times the total number of _____ public contact positions in each public contact major occupational group. _____

This computation shall be conducted on a semiannual basis.

Hence, a district office with 20 eligibility workers serving an area which has 5 percent of its recipients using Spanish as a primary language would use the following formula: $20 \text{ (public contact positions)} \times 5 \text{ percent (Spanish primary language cases)} = 1 \text{ (qualified bilingual Spanish eligibility worker)}$. Therefore, one is the minimum number of qualified bilingual eligibility workers for that public contact major occupational group. If the application of the formula results in a product less than one, the number will be rounded to one and if greater than one, it will be rounded to the nearest whole number. This formula should be applied to each public contact major occupational group.

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(Pursuant to Government Code Section 11380.1)

21-115

PROVISIONS FOR SERVICES TO NON-ENGLISH SPEAKING
APPLICANTS AND RECIPIENTS (Continued)

21 115

- .11 "Non-English speaking" persons are defined as those persons whose primary language is a language other than English. A primary language is that language most fluently spoken by the individual and which must be used in order to effectively communicate. _____
- .12 "Public contact positions" _____ include but are not limited to the following positions and activities, regardless of particular job classification or title: persons assigned to the front desk or registration counter to give directions or respond to direct public inquiries, telephone operators who answer the public telephone number, eligibility workers, eligibility supervisor, social service workers, social service practitioners, welfare service aides, vocational counselors, homemakers, investigators and interviewers.
- .13 "Culturally aware" persons are those who by virtue of education and/or experience possess knowledge, familiarity and understanding of cultural environment, religious beliefs, family life, self-concepts, language and other traits of the population they are to serve to the extent necessary to effectively communicate and provide the same level of service being provided to the welfare population at large.
- .14 "Substantial number of non-English speaking persons" is defined as five percent or greater of the applicants for _____ and _____ recipients of aid and services served by an office. Primary language groups shall be considered individually, rather than cumulatively, in determining this five percent figure.
- .15 "Qualified Bilingual Employee" is defined as an employee who, in addition to possessing the necessary qualifications for the particular classification, is certified to be proficient in and will use oral and/or written communication in the non-English language of the persons to be served. A bilingual employee who refuses to utilize his or her bilingual skills in the performance of his or her job shall not be designated as a qualified bilingual employee.

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(Pursuant to Government Code Section 11380.1)

21-115 PROVISIONS FOR SERVICES TO NON-ENGLISH SPEAKING
APPLICANTS AND RECIPIENTS (Continued)

21-115

- .2 Each agency shall examine its internal administrative practices to assure that these practices do not have the effect of denying non-English speaking persons equal access and equal participation in the available programs.

To the extent necessary to assure nondiscriminatory treatment of all program beneficiaries, the following corrective actions are among those which may be required, if administrative practices _____ are found _____ to be a major factor in limiting the participation of non-English speaking persons in federally or state funded welfare programs:

- .21 Reassignment of current bilingual personnel to those public contact positions where the greatest need exists.
- .22 Total or partial reassignment of non-English speaking cases to bilingual staff.
- .23 Upward mobility and career development programs for currently employed bilingual staff.
- .24 Use of interpreters (temporarily until such time as qualified permanent staff can be employed) who have received sufficient training to have a basic understanding of program requirements.
- .25 Language training programs for existing staff members for positions that require basic skills in a non-English language.
- .26 Development of entry level professional classes which include language and cultural awareness as minimum requirements for the class.
- .27 Filing vacancies with bilingual, culturally aware employees in sufficient number to provide aid and services for non-English speaking applicants and recipients.
- .28 Establishment of a recruitment program that may include frequent use of non-English language media that has access to such county welfare departments' relevant labor market, contacts with local high schools and colleges, contacts with community groups with a substantial number of members who are bilingual in the language desired, out of area recruitment as needed, and any other method described in recruitment guidelines of Merit System Services Section of the State Personnel Board.
- .29 Any other corrective action necessary to assure implementation of the requirements of this section.

- .3 Section 21-115 is not to be interpreted as mandating the employment of additional staff. These requirements may be implemented by filling positions resulting from expansion, or made vacant by retirement and normal attrition.

- .4 Contracts for the provision of aid or services to substantial numbers of non-English speaking applicants or recipients shall require the contractor to _____ implement multilingual services in a method _____ which is consistent with requirements of these regulations (see Section 21-201.2).

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(Pursuant to Government Code Section 11380.1)

21-117 STAFF DEVELOPMENT AND TRAINING

21-117

- .1 The requirements of the Civil Rights Act, this regulation, the State of California Welfare Civil Rights Program, and the agency's own civil rights program must be incorporated into the content of the in-service or continuing training programs.
- .2 Each induction or orientation program designed for the development of first-line supervisors shall have a module or section in which the above requirements are discussed.
The SDBP will provide program guidelines and technical assistance to achieve this purpose.
- .3 Each county welfare department shall establish a multicultural awareness program for all employees which ensures that applicants for and recipients of aid or services will not be denied equal access to aid and services because of their different cultural background. The SDBP shall prepare necessary materials and train trainers for the multicultural awareness programs.
Multicultural awareness training shall pertain to specific cultural barriers in the welfare delivery system which may result in the unequal delivery of services. Religious beliefs, family life, environment, self concepts, language and other traits of the population will be included in the training program.
- .4 (Has been deleted.)
- .5 The SDBP shall prepare materials and provide technical assistance as necessary to train county trainers of investigators of recipient complaints (see Section 21-203). Additional training may be included as part of the agency's training plan.
- .6 Merit Systems Services in cooperation with DBP shall insure that materials are prepared and technical assistance provided as necessary to train county trainers, or designated Equal Employment Opportunity counselors and Equal Employment Opportunity investigators of agency employee complaints.

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(Pursuant to Government Code Section 11380.1)

21-201 COMPLIANCE PROCEDURES AND REPORTING

21-201

.1 Compliance Reports

Each agency shall keep such records and submit to the SDBP timely, complete and accurate compliance reports at such times and in such form and containing such information as the Department may determine to be necessary.

.2 Contractor and Vendor Compliance

Vendors, contractors, consultants and other providers of services who receive Federal or State funds through SDBP or agencies covered by these regulations shall comply with non-discrimination requirements of this division.

In addition, written assurances of non-discrimination in employment practices shall be required.

Discriminatory employment practices prohibited in Section 21-109.3 are fully applicable to all vendors, contractors, consultants, and other providers of services.

.3 Assignment of Resources to Implement Requirements of This Division

Responsibility for the implementation of nondiscrimination requirements must be centralized within each agency. Adequate personnel and resources must be allocated to implement the provisions of this division and effectuate its purpose of preventing discrimination in the delivery of services or assistance. Methods used to accomplish this end will vary from county to county and staff assigned these responsibilities may be members of an existing fair hearing, investigation, or other grievance and complaint unit. In determining if this has been accomplished, the following factors will be considered:

- .31 Level and quantity of personnel assigned to activities related to this division.
- .32 Comparison of workload, actual or anticipated, of the civil rights unit with the workload of other administrative units.
- .33 Extent to which the existence of the civil rights unit has been publicized within the department and the extent to which its responsibilities are known to employees.
- .34 Comparison of physical space and equipment assigned to civil rights personnel with that assigned to other offices of similar level in the department.

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(Pursuant to Government Code Section 11380.1)

21-203 APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT 21-203

An applicant/recipient or his/her

representative may file a _____ complaint about discriminatory treatment with the state or local agency involved or directly with the Federal Government, Department of Health, Education and Welfare (HEW). The complaint must be received not later than 180 days from the date of the alleged discriminatory act unless the filing date is extended by the Director, SDBP or the responsible HEW official upon a showing of exceptional circumstances.

.1 Complainant's Right to a Fair Hearing

This regulation does not limit or restrict a complainant's right to request a Fair Hearing in accordance with Division 22. Should the complaint involve, in addition to allegations of discriminatory treatment, program issues that could properly be the subject of a Fair Hearing, it will be the agency's responsibility to advise the complainant of his/her right to a Fair Hearing and the necessity to request such a hearing within the one year prescribed in Section 22-009, in addition to the filing of a complaint of discriminatory treatment. The complainant shall also be advised of the 10 - day limitation for filing to receive aid paid pending.

.11 If an applicant/recipient complaint of discriminatory treatment is filed as a result of a notice of proposed adverse action resulting in a termination or reduction of aid, the county shall assure that the complainant is aware of his/her right to request a fair hearing on the issue of the termination or reduction of aid in addition to the complaint of discriminatory treatment.

.12 Should an applicant/recipient complaint of discriminatory treatment arise in the course of a Fair Hearing, the decision of the hearing shall, in addition to resolving other issues appropriately raised, remand the issue of discriminatory treatment to the agency to investigate the allegation of discrimination and prepare a report in accordance with this section (see Section 22-059.3).

The right to a fair hearing on an issue of applicant/recipient discriminatory treatment which has been remanded to an agency is reserved pending completion of the county investigation and report and any independent investigation by SDBP.

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(Pursuant to Government Code Section 11380.1)

21-203 APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT (Continued) 21-203

.2 Procedures for Processing Complaints

All complaints of discriminatory treatment _____ received by the Department of Benefit Payments will be referred to the appropriate agency for investigation, and every attempt will be made to resolve the matters complained about at the local level. The agency must acknowledge, in writing, receipt of the complaint to the complainant and inform the complainant that an investigation of the complaint will be conducted. Such notification shall take place within 10 calendar days after the complaint is received. The complainant must be notified within 30 calendar days after the complaint is received by the agency of the disposition of the case by the agency (see Section 21-203.5) and of the complainant's right to request, within 30 calendar days, an independent investigation and review by the SDBP should the complainant remain dissatisfied with the decision of the agency. Within 30 calendar days after receipt of such a request, the SDBP shall investigate the complaint and upon completion of such investigation attempt a resolution of the complainant's dissatisfaction by:

- .21 Requesting the agency to alter its decision if the state's investigation indicates the county's decision was improper, and providing findings and reasons upon which this conclusion was based.
- .22 Advising the complainant that the state's investigation indicates that the county decision was correct, and providing the findings and reasons upon which this conclusion is based. The complainant will be advised of his right to request the Federal Department of Health, Education, and Welfare (HEW) to make a further review which may include an independent investigation if the allegation of discrimination is based upon race, color, national origin, political affiliation, religion, marital status, or sex.

.3 Responsibility for Investigation

Agencies are responsible for investigating complaints of discrimination made by applicants and recipients of aid or services or by their authorized representatives including complaints which are originally referred from the SDBP or HEW.

- .31 In no case will an employee be assigned to investigate a complaint involving any action taken by him or her or by any county employee under his or her immediate supervision. The agency

shall designate specific employees to act as
investigators of complaints of discriminatory treatment.

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(Pursuant to Government Code Section 11380.1)

21-203 APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT (Continued) 21-203

- 32 When a complaint of discrimination is received by the agency from an applicant/ recipient, the following procedure shall be followed:

•321 Interview with Complainant

Arrangements shall be made for a personal interview with the complainant. The person assigned to investigate the case shall explain confidentiality requirements (see Section 21-203.7) and obtain the following information during the interview:

- a. Complainant's name, case number, address, and telephone.
- b. Name and location of the organization unit of the person who is alleged to have discriminated.
- c. Nature of the action, decision, or conditions giving rise to the complaint.
- d. Date and place of alleged discriminatory treatment.
- e. Basis of alleged discrimination (race, color, sex, etc.)
- f. Identity of the individual or individuals responsible for the action, decision, or condition alleged to be discriminatory.
- g. Relief sought by the complainant.
- h. Information known to the complainant in support of his or her allegation.
- i. Identity of persons whom the complainant wishes to have interviewed as possible witnesses.
- j. Other information essential to review of the specific issue giving rise to the complaint.
- k. Any indications of reprisal, intimidation, or harassment as a result of the complaint.

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(Pursuant to Government Code Section 11380.1)

21-203 APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT (Continued) 21-203

•322 Interview with the Official or Employee Alleged to have Acted in a Discriminatory Manner

When the official or employee is identified, the investigator should describe the nature of the complaint and the specific incident leading to the complaint, and identify the complainant. A statement should be taken which gives the facts, as the official or the employee knows them, concerning the issues giving rise to the complaint. The official or employee should be advised at the outset that his ^{her} statements will be made available to the complainant as part of the agency's effort to resolve the issues in question or as part of the investigation. This initial interview with the official or employee should be used to obtain as much information as possible which will assist in the investigation.

•323 Review of Issues Specific to the Complaint

In reviewing the issues involved in the applicant/recipient complaint, the investigator shall:

- a. Become familiar with SDBP regulations affecting the issues in the complaint, including official interpretations by responsible personnel within the Department of Benefit Payments.
- b. Review documents concerning the issues in the applicant/recipient complaint.
- c. Interview witnesses suggested by the complainant or as may be indicated by surrounding circumstances or the nature of the allegation.
- d. Review of case file.
- e. Determine the number and identity of the cases that will be reviewed to compare the treatment of members of the same race or ethnic group with cases selected from the general welfare population.

•324 Investigation of the General Environment

In evaluating the general environment in which the allegedly discriminatory action occurred, the investigator shall:

- a. Make a thorough survey of the treatment of recipients by the individual who allegedly discriminated and compare it with the treatment provided by other employees for a similar group of recipients.
- b. Review a sufficient number of cases of the same ethnic, racial group, etc. from this individual's case file and compare their treatment with the treatment accorded to similar cases in the caseload.
- c. Survey the actions and decisions of the department official to whom the employee who allegedly discriminated reports. In making a survey of the general environment in which the complaint arose it is important to collect sufficient data to detect discriminatory practices, and to record enough details to either facilitate corrective action or exonerate the officers or employees alleged to have discriminated.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

21-203 APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT (Continued) 21-203

.4 Report of Investigation

The investigation shall carefully review all the investigation documents prior to writing the investigation report to ensure that all issues raised by the complaint have been adequately covered. When there is conflicting evidence, further investigations should be conducted to facilitate the resolution of the conflict. If conflicts in the evidence cannot be resolved, the investigator shall ensure that both sides are fairly represented in the report.

A written report of the investigation and a statement of the investigator's findings must be submitted to the Department of Benefit Payments within 45 calendar days after receipt of the complaint. The written record of the complaint together with a record of its disposition, including the investigation report required by this section, shall be retained by the agency for a minimum of two (2) calendar years.

.5 Notification to Complainant of Findings

The agency shall inform the complainant in an interview and in writing of the outcome of the investigation and the basis for whatever findings are made within 30 calendar days of receipt of the complaint. The complainant must also be informed of his or her right to request a further review by the Department of Benefit Payments if he or she is dissatisfied with the findings. (See Section 21-203.2).

.6 Intimidatory or Retaliatory Acts Prohibited

No official or employee shall intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by these regulations or because he or she has made a complaint, testified, assisted, or participated in any manner in any investigation, proceeding, or hearing.

.7 Confidentiality of Information

In accordance with Section 10850 of the Welfare and Institutions Code and federal regulations, the identity of any complainant and the employee or official alleged to have discriminated and any information obtained as the result of an investigation are to be confidential except to the extent necessary to carry out the complaint procedures, including the conduct of any hearing or judicial proceeding arising thereunder (see Division 48).

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

21-205 CORRECTIVE ACTION

21-205

.1 Corrective Action Required

This generally includes provision, wherever possible, for benefits, care, or services to the individual applicant/
recipient of which

he or she was deprived because of a discriminatory practice, and a plan for assuring that discriminatory practices of a similar nature will not recur.

- .11 Corrective action determined necessary by the agency as the result of an investigation is to be implemented within a period of 60 calendar days following completion of the report to SDBP required by Section 21-203.4.

- .12 Where corrective action is determined necessary as a result of further SDBP review, it is to be implemented within 60 calendar days of notification by the SDBP that corrective action is required.

.2 Refusal to Take Corrective Action

Upon completion of investigation by SDBP and adequate notice, if one of the agencies or organizations referred to in Section 21-103 has refused to take corrective action SDBP may initiate procedures required as a result of the violation. These procedures include but are not limited to:

- .21 Action to suspend or terminate agencies, organizations, or contractors from further program participation.
- .22 Recommending appropriate sanctions to other state or local agencies when their jurisdiction is involved.

.3 Sanctions for Noncompliance

If an agency fails or refuses to furnish assurances required under 21-113.1 or fails to comply with the requirements imposed by Division 21 or with applicable sections of state and federal law, fiscal sanctions or other legal remedies may be invoked in accordance with W&I Code Section 10605 and federal law.

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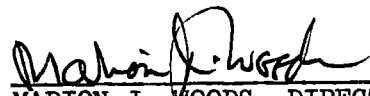
(Pursuant to Government Code Section 11380.1)

The following regulation is to be repealed effective August 1, 1977
after filing with the Secretary of State:

21-105 Transfer of Administrative Responsibilities

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because it merely affirms for the state that which has been declared existing law or regulation through action by the Federal Government.

Approved:


MARION J. WOODS, DIRECTOR
Department of Benefit Payments

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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

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JUN 21 1977

Office of Administrative Hearings

ENDORSED
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(Gov. Code 11380.2)

JUN 21 1977

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: June 13, 1977

By: *Malion J. Wood*

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JUN 21 1977

At 10:40 o'clock A.M.

MARCH FONG EU, Secretary of State

By: *Shea D. Dandach*
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

AMEND: Section 46-425.2
46-425.3

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following facts constitute the emergency:

1. The Sacramento County Superior Court entered a Stipulation and Judgment in the case of Snyder v. Obledo ordering revision of Special Circumstances program. It is now necessary to fully comply with the Stipulation and Judgment by changing regulations to conform to the agreed upon decision.
2. The court order requires the department to act promptly to make the regulation changes; and adoption on an emergency basis is necessary to comply with the order.
3. Revision of the regulations will increase benefit levels, establish new categories of benefits for the Special Circumstances program and change liquid resource utilization requirements to allow recipients to retain \$300 in liquid assets and certain liquid resources earmarked for emergency future needs. In order to prevent any unnecessary delays in the delivery of these benefits to aid recipients, it is necessary for these regulations to become effective immediately.

Therefore, the regulations are adopted on an emergency basis to become effective upon filing with the Secretary of State.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

.2 Other Nonrecurring Special Circumstances.21 Required Housing Repairs

For purposes of this section, housing includes a dwelling and the land on which it is situated.

When housing is owned and repairs are necessary to provide safe and healthful housing for a recipient or recipient couple, and the total cost of such repairs exceeds \$10, the cost shall be allowed. The allowance is not to exceed a reasonable amount for which adequate repairs can be made. The total allowance for repairs in any 12-month period shall not exceed \$300. When ownership of the housing is shared with a nonrecipient (including a nonrecipient spouse) the recipient's or recipient couple's prorated portion of the cost of the repairs, up to the \$300 cost limit, is allowed.

.22 Supplemental Housing Repair for Unmet Shelter Needs

When a recipient or recipient couple is eligible to receive an allowance for housing repairs under Section 46-425.21 and the nature of the repairs is such that the cost cannot be met within the \$300 standard as allowed in .21 above, an additional payment up to a maximum of \$450, (\$750 maximum under Sections .21 and .22) but not to exceed the total cost of the repairs shall be allowed when all the conditions set forth below are met. _____

- a. Prior to making any expenditures, the home is evaluated and the following determinations are made by the county:
- (1) The home is so defective that continued occupancy is not safe or is not healthful.
 - (2) The property is worth repairing.
 - (3) Unless repairs are made the recipient will need to move.
 - (4) It appears probable the recipient will be able to continue living in the home following its repair.
 - (5) Total cost to the recipient for adequate alternative housing over a two-year period would exceed the following combined costs:
 - (a) The cost of repairs needed to make the home habitable, plus
 - (b) Other probable costs of continued occupancy of such home during a two-year period, i.e., encumbrance payments, taxes, assessments, minor upkeep and insurance.

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(Pursuant to Government Code Section 11380.1)

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

.221 Continued

b. Expenditures for repairs under _____ Section 46-425.22
have not been previously allowed on the same property.

.23 Moving Expenses

.231 When moving is necessary because of eviction or current housing is unsafe or unhealthful as determined by the county welfare department and no other provision for moving can be made, the cost of packing, storage and moving shall be allowed for the recipient or eligible couple.

The amount allowed shall not exceed \$200 for a recipient or \$300 for a recipient couple. The amount shall never exceed the cost of the service.

.232 Payment for moving expenses shall be limited to one time only for each recipient or recipient couple, unless it can be documented by the county welfare department that the circumstances necessitating a subsequent move are not precipitated by the recipient.

.24 Supplemental Moving Expense Allowance for Unmet Shelter Needs

When moving is necessary because of eviction or current housing is unsafe or unhealthful as determined by the county welfare department, payment shall be allowed to cover _____ costs of securing suitable housing as designated below.

Payment for securing _____ housing shall be limited to one time only for each recipient or recipient couple unless it can be documented by the county welfare department that the circumstances necessitating a subsequent move are not precipitated by the recipient.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

.24 Continued

a. If the recipient or recipient couple is moving to rental housing, payment up to \$300 may be allowed under this section and shall be limited to:

- (1) required utility deposits;
- (2) first and last month's rental; and
- (3) cleaning fees and/or security deposits.

b. If the recipient or recipient couple is purchasing a home, payment shall be allowed for:

- (1) down payments;
- (2) closing costs;
- (3) real estate fees; and
- (4) other costs entailed in real property or mobile home purchase if:
 - (a) The property is a suitable home for the recipient.
 - (b) Approval can be obtained for a FHA, Veterans Administration, or other governmental or conventional loan.
 - (c) The usual safeguards are observed prior to transfer, i.e., building inspection, property search, termite inspection, etc.
 - (d) The total monthly amount for payments on the principal, interest, taxes and other liens on the property, insurance and minor maintenance, is not substantially in excess of the cost of rental or leased housing that would be available for the recipient.
 - (e) The recipient can qualify as a transferee for the encumbrance on the property or approval of a renegotiated loan as set forth in "b" above.

The combined payments for purchase of a home and the moving allowance under section .23 shall not exceed \$750.

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(Pursuant to Government Code Section 11380.1)

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

.25 Home Modifications

When modification of a recipient owned and occupied
home is necessary to provide safe and healthful housing
for a recipient or recipient couple, payment up to a maximum of
\$750 per piece of property shall be allowed to meet the need.
Examples include, but are not limited to, a ramp or other needed
nonrecurring equipment for a disabled person. However, modifications may
be made when housing, occupied by a recipient, / a friend or relative
if it appears that the recipient will remain in the home and he/she
has obtained the written permission of the friend/relative to
complete the modifications.

.26 Payment to Prevent Foreclosure

Payment of up to \$750 will be allowed to prevent foreclosure as a
result of delinquent payments on a home owned by a recipient or
recipient couple. This allowance shall be limited to one time only,
per recipient or recipient couple,
regardless of whether the maximum is used. The home must be considered
suitable housing for the recipient and it must be more practical and
reasonable to retain the housing than to provide payments for purchas-
ing or renting other housing.

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(Pursuant to Government Code Section 11380.1)

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

.3 Utilization of Liquid Resources

.31 The costs of any special circumstances _____ shall be met by first requiring the recipient to utilize all but \$300 of his/her available liquid assets. The recipient shall also be allowed to retain any funds that have been specifically designated for the following future need items:

a. Property Tax

b. Home insurance

c. Funds which have been specifically committed for known medical expenses which have already been incurred or planned and are not covered by Medi-Cal or any other source. Examples include, but are not limited to, a surgical operation for an ineligible spouse or purchase of such items as eyeglasses or dental plates

d. Any monies that are being accumulated to satisfy a lien against the home property or ^a judgement arising out of an automobile accident that would otherwise result in loss of the recipient's drivers license.

.311 "Liquid Assets", as used herein means resources which are immediately available, or can be made immediately available. This includes cash, negotiable stocks and bonds, bank accounts, etc. Liquid Assets do not include/insurance the cash value of policies, burial trusts, automobiles or other personal property not readily converted to cash.

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(Pursuant to Government Code Section 11380.1)

These regulations will result in no increased costs to local government as expenditures in the Special Circumstances program are 100% state reimbursed.

Approved:



MARION J. WOODS, Director
Department of Benefit Payments

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4542
77-25
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(Pursuant to Government Code Section 11380.1)

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(Gov. Code 11380.2)

JUN 21 1977

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Copy below is hereby certified to be a true
and correct copy of regulations adopted, or
amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: June 21, 1977

By: *Marion J. Work*

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JUN 21 1977

At 10:40 o'clock A.M.

MARCH FONG EU, Secretary of State

By: *Phyllis D. Duda*
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

REFERENCE: Welfare and Institutions Code Sections 12201 and 13100.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

AMEND: Section 46-210.52
46-310.27
46-325
46-326
47-603

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PROPOSED FINDING OF EMERGENCY

The following facts constitute the emergency:

1. Welfare and Institutions Code Section 12201, as amended by Chapter 348 of the Statutes of 1976, and Welfare and Institutions Code Section 13100 require that State Supplemental Program (SSP) and Aid to the Potentially Self-Supporting Blind Program (APSB) grant levels be adjusted effective July 1, 1977 in accordance with the cost-of-living formula in Section 12201.
2. Welfare and Institutions Code Section 12201 requires that the cost-of-living increase be applied to the Federal Supplemental Security Income (SSI) grant level.
3. Since the effective SSI grant level is determined too late for the State to revise its regulations mandating SSP and APSB grant levels effective July 1, 1977 on a non-emergency basis, the attached regulations must be filed on an emergency basis.

The regulation changes set forth above are adopted as emergency measures to become effective July 1, 1977, after filing with the Secretary of State.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-210 ELIGIBILITY - FACTORS FOR SSP (Continued)

46-210

.52 Disposition of Resources

An individual may be eligible for SSP for a period of short duration even though his/her property holdings exceed the limits imposed in .5 above. However, in no event shall total includable resources, other than a home, exceed \$3,000 for an individual, or \$4,500 for an individual and a spouse; total includable liquid resources shall not exceed \$533.40 for an individual

or \$800.10 for an individual

and spouse. The applicant or recipient must agree in writing to dispose of the excess resources (see time limit below) and repay any overpayments with the proceeds.

During the period that the excess property is held and is being disposed of, in accordance with the individual's agreement to dispose of the property, any public assistance payments made are considered to be overpayments.

The net proceeds from the disposition of the excess property is considered to be available for liquidation of overpayments occurring during the disposition period in accordance with HEW regulations.

The disposition of the excess property must be accomplished within a six-month period in the case of real property and within three months in the case of personal property. The time period begins on the date the agreement is signed by the individual. However, in the case of an individual who is disabled, the time period will begin on the date of the disability determination. The time limits may be extended for another three months where it is found that the individual had "good cause" for failing to dispose of the property within the original time period. "Good Cause" exists if, despite reasonable and diligent effort on his/her part, he/she was prevented by

circumstances beyond his/her control from disposing of the property.

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(Pursuant to Government Code Section 11380.1)

46-310 INCOME - DEFINITIONS (Continued)

46-310

.27 Those amounts deemed available to the individual from the income of his/her ineligible spouse or parent(s) or parent of a recipient child and parent's spouse residing in the same household.

.271 The amount which is deemed available to the individual from the income of the ineligible spouse is the amount remaining after deducting \$88.90 for the ineligible spouse plus \$65 for each dependent ineligible child. If the income of the ineligible spouse includes earned income, such earned income shall be reduced by \$65 prior to deducting the \$88.90 the ineligible spouse is allowed to retain. However, if the ineligible spouse is a recipient of AFDC, or any part of the ineligible spouse's income is included in determining eligibility and grant amount for AFDC, no portion of his/her income shall be deemed available to the SSP individual.

.272 The amount which is deemed available to the individual who is a child from the income of his/her parent(s) or parent and parent's spouse is the amount remaining after deduction \$177.80 for one parent, \$88.90 for the other parent or spouse of parent, and \$65 for each dependent ineligible child. If the income of the parent(s) or parent and spouse of parent includes earned income, such earned income shall be reduced by \$65 prior to determining the amount of income the parents or parent and spouse of parent is (are) allowed to retain. However, if the income of the parents or parent and parent's spouse is included in determining eligible and grant for AFDC, no portion of his/her (their) income shall be deemed available to the SSP individual. For the purpose of this regulation a recipient child is a person under age 18 or under 21 if unmarried and regularly attending school. See Section 46-205.

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(Pursuant to Government Code Section 11380.1)

46-325 BENEFIT LEVELS

46-325

The individual or individual and spouse (couple) eligible to receive SSP payments shall receive an amount which when added to his/her or their SSI benefit, if any, and income less allowable disregards, if any, will equal the following, as appropriate to his/her or their situation.

1 Eligible Individual

Benefit Level

Aged or Disabled

\$296

Blind

334

A disabled Minor under 18

Living with a Parent or
Guardian or Relative by
Blood or Marriage

241

2 Eligible Couple

Benefit Level

Both of Whom are Aged or Disabled, or

\$557

Both of Whom are Blind, or
One of Whom is Blind and the
Other Aged or Disabled, or

663

625

Both of Whom are Residents in an
Out-of-Home care Facility

686

3 Resident of Nonmedical "Out-of-Home Care" Facility

Minimum

Minimum

Maximum

For Board and Room (Shelter and Food)

\$147

\$147

For Care and Supervision

126

156

For Personal and Incidental Needs
of the Recipient*

70

40

Total Allowance

343

343

*If these needs are provided in whole or in part by the facility under an agreement between the recipient and the facility, the recipient may need to use all or a portion of this allowance to pay the facility for these services.

.31 "Out-of-home care" as used herein is a protective living arrangement outside the individual's own home where, as a minimum, he/she receives board, room, personal care, and designated supplementary services related to his/her individual needs. This type of care is nonmedical and includes care provided in facilities licensed to provide residential care.

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(Pursuant to Government Code Section 11380.1)

46-325 BENEFIT LEVELS (Continued)

46-325

.311 Homes or other facilities which provide personal care and supervision to which recipients may also be certified may be unlicensed if:

- a. It is the home of a relative or legally appointed guardian or conservator. A relative for purposes of this regulation is defined as a parent, son, daughter, brother, sister, half-brother, half-sister, uncle, aunt, niece, nephew, first-cousin or any such person of the preceding generation denoted by the prefix "grand" or "great," or,
- b. It is a home in which a child has been placed by a court under W&IC Code 727(a), or
- c. It is an "exclusive use home" approved by a licensed home finding agency, i.e., Children's Home Society.

NOTE: The Nonmedical Out-of-Home Care benefit level is not appropriate for a disabled minor recipient under 18 living with a parent or guardian or relative by blood or marriage (see Section 46-325.1), or for an individual living in his own home and receiving care from his spouse or for a blind child (under 18 or 18 to 21 and attending school or training full time) living in the home of a parent or guardian.

.32 Certification of Nonmedical Out-of-Home Care — Licensed Care Facility

The Social Security Administration (SSA) District Office will authorize out-of-home care benefit level upon verification that the recipient resides in a licensed facility.

.321 Each county will establish and maintain a method for informing the local SSA District Office(s) of currently licensed out-of-home care facilities. The method for providing SSA with licensing information must be reported to Adult Program Management Branch, DBP.

- a. The county may provide SSA with a listing of licensed facilities, including address and license number, and update that listing on a regular basis, or
- b. The county may provide SSA with the telephone number of a person or unit in the county responsible for verifying that a facility is licensed, or
- c. The county may use a combination of a. and b. or any method mutually acceptable to the SSA District Office(s) and the CWD.

.322 The effective date of eligibility for the nonmedical out-of-home care benefit level shall be the first of the month in which the recipient resides in the licensed care facility.

.33 Certifications by Other Agencies (repealed Manual Letter No. 77-5)

.34 County Responsibility (repealed Manual Letter No. 77-5)

.35 Certification of Nonmedical Out-of-Home Care — Home or Facility Authorized Under Section 46-325.311

When a recipient residing in a home or facility authorized under Section 46-325.311 requests the nonmedical board and care benefit level, the certification will proceed as follows:

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(Pursuant to Government Code Section 11380.1)

46-325 BENEFIT LEVELS (Continued)

46-325

.351 The SSA District Office will send a request for certification of out-of-home care to the CWD on the prescribed authorization form for new applicants or when a change in living arrangements takes place.

- a. The county shall apply the criteria outlined in the Title XX, Service Plan for determining the need for out-of-home care, and will verify that the appropriate care is being provided in that living arrangement. When the county learns that a DOH Regional Center or Continuing Care Services Section social worker is providing services to the applicant or recipient, the county may contact the DOH worker and base the certification upon that worker's knowledge of the case.
- b. The county shall complete the authorization form within thirteen (13) working days. This "turn around time" begins the date on which the county receives the authorization form and ends the day the county forwards the completed form to the local SSA district office. The county shall maintain controls to meet this time standard.

.352 When the county determines that the out-of-home care benefit level is appropriate, the payment change will be effective the first of the month in which the county is asked (date of the authorization form) to certify the nonmedical out-of-home care living arrangement, unless the county has material evidence that the individual needed and was receiving care in the living arrangement continuously from an earlier date. The county will enter the effective date on the authorization form.

.353 It is the recipient's responsibility to inform the local SSA District Office of any changes in living arrangement. The county shall assist the recipient in reporting such changes to the appropriate SSA District Office when the county becomes aware of such changes. The county shall not initiate the authorization form.

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(Pursuant to Government Code Section 11380.1)

46-325 BENEFIT LEVELS (Continued)

46-325

.4 Medi-Cal Patients — Out of Home

In the case of an eligible individual who resides in a medical facility and whose medical expenses are paid for under the Medi-Cal Act, the benefit level is \$25 a month to cover personal and incidental needs not furnished by the facility.

.5 Exceptions to Benefit Levels.51 Room and Board is Received In-Kind

When the individual or individual and eligible spouse resides in the home of another and receives both room and board in-kind from the householder, the Benefit Level will be reduced by an amount equal to one-third of the applicable SSI payment standard.

This deduction does not apply when a recipient or applicant is a child (Section 46-205) residing in the home of his/her parents.

.52 Mandatory State Supplementation

A recipient of OAS, ATD, or AB for the month of December 1973 shall receive a minimum state supplementary payment which when added to his/her SSI payment (if any) and net nonexempt income as determined/to December 1973 regulations is equal to the total of such recipient's cash grant and net nonexempt income for December 1973.

If the state supplementary payment determined under this subsection is greater than the amount the recipient would be eligible to receive under Sections 46-325.1, .2, .3, or .4, he/she shall receive the greater amount.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-326 ALLOWANCE FOR RESTAURANT MEALS

46-326

SSI/SSP

The aged or disabled recipient individual or couple, both of whom are aged or disabled, whose living arrangement prevents the preparation of meals at home, shall be entitled to an allowance of \$33 for an individual or \$66 for a couple in addition to any other payments for which they are eligible.

1 Application Process

.11 Recipients who wish to apply for the restaurant meal allowance shall file their application at the local SSA district office.

.12 (Has been deleted).

2 Administration of Payments

.21 Eligibility for and payment of the restaurant meal allowance to SSI/SSP recipients shall be administered by the Social Security Administration according to criteria established by SDBP as stated in these regulations.

.22 (Has been deleted).

3 Eligibility Requirements

An aged or disabled recipient or recipient couple of SSI/SSP can qualify for the restaurant meal allowance by meeting the following requirements: her

.31 Meals are not provided as a part of his/living arrangements, and

.32 Cooking and/or food storage facilities are unavailable or inadequate for the preparation of the recipient's meals in the existing living arrangements.

.321 Cooking and/or food storage facilities are unavailable and/or inadequate if the recipient does not have a functioning stove, with or without an oven, and a refrigerator or icebox which he/she may use within his/her own living arrangement for the preparation of his/her meals. Cooking and food storage facilities are inadequate if they consist only of a one or two-burner hotplate, camp stove or ice chest.

.322 Living arrangement is considered to be the recipient's living area and that area outside of the immediate living area to which he/she has access and use.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-326

46-326

ALLOWANCE FOR RESTAURANT MEALS (Continued)

SSI/SSP

4

Temporary Eligibility

Individuals or couples who must purchase restaurant meals because of the temporary loss or nonfunctioning of their stove or refrigerator may qualify for the restaurant meal allowance if the temporary condition is expected to last one full calendar month or more. The applicant shall be notified of his responsibility to report immediately when he knows the temporary condition will cease to exist.

5

Determination of Eligibility

.51 The recipient's statement of fact on the application form shall be acceptable proof of eligibility unless the facts as presented are incomplete, unclear or inconsistent. If the facts so presented are incomplete, unclear or inconsistent, SSA will so indicate in the comments section on the application form and send the form to the State Department of Benefit Payments which shall be responsible for a final decision on the eligibility of the recipient. In such cases, SSA shall not process payment for the restaurant meals allowance before receiving a decision from the state.

.52 (Has been deleted).

6

Beginning Date of Allowance

The beginning date of the restaurant meal allowance shall be the first of the month in which the recipient files an application for this allowance with SSA provided that the recipient is or expects to be without cooking and/or food storage facilities for the full calendar month.

7

Redetermination of Eligibility

The recipient's statement of fact on the application form shall be completed at the time of redetermination of eligibility for SSI/SSP or when a change in living arrangements is reported, whichever is earlier.

8

The restaurant meal allowance will be terminated at the end of the month in which the recipient fails to meet the eligibility requirements for the allowance or at the end of the month in which the 10-day notice expires.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

47-603 BENEFIT LEVELS IN THE APSB PROGRAM

47-603

APSB Effective July 1, 1977, the following benefit levels shall be used in determining need and amount of aid (see Section 47-815.1) in the APSB program.

.1 For All Living Arrangements Except Nonmedical Out-of-Home Care

Individual	\$334
APSB Couple	<u>663</u>

.2 Residents of Nonmedical Out-of-Home Care Facility

Individual	\$343
APSB Couple	<u>686</u>

.21 See Section 46-325.3 for the definition of nonmedical out-of-home care and designated amounts for board and room, care and supervision, and personal and incidental needs.

.3 Recipient Moves After the First Day of the Month

If, after the first day of a month, a recipient moves from an independent living arrangement to a nonmedical out-of-home care arrangement or vice versa, the county shall apply the higher of the two benefit levels for that month.

APSB .4 Applicant or Recipient is a Patient in a Medical Facility Certified to Provide Inpatient Care Under the Medi-Cal Program

.41 During Temporary Period of Care in Facility

The benefit level applicable to the individual's living arrangements prior to admission to the facility shall continue during a temporary period of care in the facility, i.e., during the month of admission and the following month provided a living arrangement outside the facility is being retained by or for the recipient.

If no living arrangement is being retained outside the facility, APSB shall be discontinued effective the first of the month following admission to the facility, and the case transferred to Medical Needy Only (MNO) with linkage to the State Supplemental Program (SSP). See Section 40-183 regarding intraprogram status change from cash grant to Medically Needy when the patient's status is such he or she no longer is eligible to receive a cash grant.

In instances where the individual's monthly net income (see Section 46-315 for exclusions and disregards) is less than \$25, the case shall either be referred by the county to the Social Security Administration for determination of eligibility for SSI benefits (see Section 46-325.4), or classified, with the individual's approval, as a "Refused Cash Grant."

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

47-603 BENEFIT LEVELS IN THE APSB PROGRAM (Continued)

47-603

.42 After Temporary Period of Care Expires

If the patient remains in the facility beyond a temporary period, APSB shall be discontinued and the case transferred to Medical Needy Only (MNO) with linkage to the State Supplemental Program (SSP). See Section 40-183 regarding intraprogram status change from cash grant to Medically Needy when the patient's status is such he or she no longer is eligible to receive a cash grant.

In instances where the individual's monthly net income (see Section 46-315 for exclusions and disregards) is less than \$25, the case shall either be referred by the county to the Social Security Administration for determination of eligibility for SSI benefits (see Section 46-325.4), or classified, with the individual's approval, as a "Refused Cash Grant."

.5 Applicant or Recipient is Not a "Patient" in the Medical Facility or Intermediate Care Facility or the Facility is Not Certified to Receive Patients for Inpatient Care Under the Medi-Cal Program.51 Private Facility

The benefit level of the applicant or recipient in such facility shall be the same as that of a recipient in nonmedical out-of-home care (see Section 47-603.2).

.52 Public Facility

Eligibility to aid does not exist if the facility is public.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The regulation changes do not increase costs of local government.

Approved:



MARION J. WOODS, DIRECTOR
Department of Benefit Payments

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FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
JUL - 5 1977
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
JUL 5 1977
Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: June 27, 1977

By:

Malcolm F. Wash

Director

(Title)

FILED
 In the office of the Secretary of State
 of the State of California

JUL 5 - 1977 *md*
 At 10:07 o'clock *9* A.M.
 MARCH FONG EU, Secretary of State
 By *Merpie R. Kershner*
 Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421 (b) of the Government Code.

Amend: Section 63-3200.1

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following facts constitute the emergency:

1. Cost-of-living revisions to Food Stamp Tables of Coupon Issuance must be effective July 1, 1977, in accordance with Section 7(a) of the Food Stamp Act and correspondence from FNS, dated April 29, 1977.
2. In order to ensure that the cost-of-living revisions are implemented on July 1, 1977, the attached regulations must be filed on an emergency basis.

The regulation changes set forth above are, therefore, adopted as emergency measures to become effective July 1, 1977, after filing with the Secretary of State.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63 3200 TABLES OF COUPON ISSUANCE

63-3200

1 For Issuance to Households of Up to 20 Persons Use the Following Tables:

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977
Table 1

FOOD STAMP PROGRAM
Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	1	2	3	4	5
Coupon Allotment	\$52	\$94	\$134	\$170	\$202
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
\$ 0- 19.99	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
20- 29.99	1	1	0	0	0
30- 39.99	4	4	4	4	5
40- 49.99	6	7	7	7	8
50- 59.99	8	10	10	10	11
60- 69.99	10	12	13	13	14
70- 79.99	12	15	16	16	17
80- 89.99	14	18	19	19	20
90- 99.99	16	21	21	22	23
100- 109.99	18	23	24	25	26
110- 119.99	21	26	27	28	29
120- 129.99	24	29	30	31	33
130- 139.99	27	32	33	34	36
140- 149.99	30	35	36	37	39
150- 169.99	33	38	40	41	42
170- 189.99	39 2/	44	46	47	48
190- 209.99	40	50	52	53	54
210- 229.99	42	56	58	59	60
230- 249.99	42	62	64	65	66
250- 269.99	42 1/	68	70	71	72
270- 289.99		74	76	77	78
290- 309.99		74	82	83	84
310- 329.99		74	88	89	90
330- 359.99		74 1/	94	95	96
360- 389.99			103	104	105
390- 419.99			112	113	114
420- 449.99			116	122	123
450- 479.99			116 1/	131	132
480- 509.99				140	141
510- 539.99				146	150
540- 569.99				146	159
570- 599.99				146 1/	168
600- 629.99					174
630- 659.99					174
660- 689.99					174
690- 719.99					174 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

2/ Verified by FNS.

Maximum Allowable Adjusted Monthly Net Income															
Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Adjusted Monthly Net Income	\$ 245	322	447	567	673	807	893	1020	1147	1274	1401	1528	1655	1782	1909
Household Size	16	17	18	19	20										
Adjusted Monthly Net Income	2036	2163	2290	2417	2544										

**CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977
Table 1

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	\$242	\$268	\$306	\$344	\$382
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
\$ 0- 19.99	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
20- 29.99	0	0	0	0	0
30- 39.99	5	5	5	5	5
40- 49.99	8	8	8	8	8
50- 59.99	11	12	12	12	12
60- 69.99	14	15	16	16	16
70- 79.99	17	18	19	19	19
80- 89.99	21	21	22	22	22
90- 99.99	24	25	26	26	26
100- 109.99	27	28	29	29	29
110- 119.99	31	32	33	33	33
120- 129.99	34	35	36	36	36
130- 139.99	37	38	39	39	39
140- 149.99	40	41	42	42	42
150- 169.99	43	44	45	45	45
170- 189.99	49	50	51	51	51
190- 209.99	55	56	57	57	57
210- 229.99	61	62	63	63	63
230- 249.99	67	68	69	69	69
250- 269.99	73	74	75	75	75
270- 289.99	79	80	81	81	81
290- 309.99	85	86	87	87	87
310- 329.99	91	92	93	93	93
330- 359.99	97	98	99	99	99
360- 389.99	106	107	108	108	108
390- 419.99	115	116	117	117	117
420- 449.99	124	125	126	126	126
450- 479.99	133	134	135	135	135
480- 509.99	142	143	144	144	144
510- 539.99	151	152	153	153	153
540- 569.99	160	161	162	162	162
570- 599.99	169	170	171	171	171
600- 629.99	178	179	180	180	180
630- 659.99	187	188	189	189	189
660- 689.99	196	197	198	198	198
690- 719.99	205	206	207	207	207
720- 749.99	210	215	216	216	216
750- 779.99	210	224	225	225	225
780- 809.99	210	232	234	234	234
810- 839.99	1/	232	243	243	243
840- 869.99		232	252	252	252
870- 899.99		232	261	261	261
900- 929.99		1/	266	270	270
930- 959.99			266	279	279
960- 989.99			266	288	288
990- 1019.99			266	297	297
1020- 1049.99			266	300	306
1050- 1079.99			1/	300	315

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

1/ for any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

(Pursuant to Government Code Section 11380.1)

63-3200

^{1/} For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS.

Table 1

Household Size	11	12	13	14	15
Coupon Allotment	\$420	\$458	\$496	\$534	\$572
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
\$ 0- 19.99	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
20- 29.99	0	0	0	0	0
30- 39.99	5	5	5	5	5
40- 49.99	8	8	8	8	8
50- 59.99	12	12	12	12	12
60- 69.99	16	16	16	16	16
70- 79.99	19	19	19	19	19
80- 89.99	22	22	22	22	22
90- 99.99	26	26	26	26	26
100- 109.99	29	29	29	29	29
110- 119.99	33	33	33	33	33
120- 129.99	36	36	36	36	36
130- 139.99	39	39	39	39	39
140- 149.99	42	42	42	42	42
150- 169.99	45	45	45	45	45
170- 189.99	51	51	51	51	51
190- 209.99	57	57	57	57	57
210- 229.99	63	63	63	63	63
230- 249.99	69	69	69	69	69
250- 269.99	75	75	75	75	75
270- 289.99	81	81	81	81	81
290- 309.99	87	87	87	87	87
310- 329.99	93	93	93	93	93
330- 359.99	99	99	99	99	99
360- 389.99	108	108	108	108	108
390- 419.99	117	117	117	117	117
420- 449.99	126	126	126	126	126
450- 479.99	135	135	135	135	135
480- 509.99	144	144	144	144	144
510- 539.99	153	153	153	153	153
540- 569.99	162	162	162	162	162
570- 599.99	171	171	171	171	171
600- 629.99	180	180	180	180	180
630- 659.99	189	189	189	189	189
660- 689.99	198	198	198	198	198
690- 719.99	207	207	207	207	207
720- 749.99	216	216	216	216	216
750- 779.99	225	225	225	225	225
780- 809.99	234	234	234	234	234
810- 839.99	243	243	243	243	243
840- 869.99	252	252	252	252	252
870- 899.99	261	261	261	261	261
900- 929.99	270	270	270	270	270
930- 959.99	279	279	279	279	279
960- 989.99	288	288	288	288	288
990- 1019.99	297	297	297	297	297
1020- 1049.99	306	306	306	306	306
1050- 1079.99	315	315	315	315	315

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

**CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency
Continued

Department of Benefit Payments
July 1, 1977

Table 1

FOOD STAMP PROGRAM

Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	\$420	\$458	\$496	\$534	\$572
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
1080-1109.99	324	324	324	324	324
1110-1139.99	333	333	333	333	333
1140-1169.99	342	342	342	342	342
1170-1199.99	351	351	351	351	351
1200-1229.99	360	360	360	360	360
1230-1259.99	368	369	369	369	369
1260-1289.99	368	378	378	378	378
1290-1319.99	368	387	387	387	387
1320-1349.99	368	396	396	396	396
1350-1379.99	368	405	405	405	405
1380-1409.99	368	414	414	414	414
1410-1439.99	1/	423	423	423	423
1440-1469.99		432	432	432	432
1470-1499.99		441	441	441	441
1500-1529.99		450	450	450	450
1530-1559.99		459	459	459	459
1560-1589.99		468	468	468	468
1590-1619.99		477	477	477	477
1620-1649.99		486	486	486	486
1650-1679.99		495	495	495	495
1680-1709.99		504	504	504	504
1710-1739.99		504	504	504	504
1740-1769.99		504	504	504	504
1770-1799.99		504	504	504	504
1800-1829.99		504	504	504	504
1830-1859.99		504	504	504	504
1860-1889.99		504	504	504	504
1890-1919.99		504	504	504	504
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977
Table 1

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	\$610	\$648	\$686	\$724	\$762
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
\$ 0- 19.99	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
20- 29.99	0	0	0	0	0
30- 39.99	5	5	5	5	5
40- 49.99	8	8	8	8	8
50- 59.99	12	12	12	12	12
60- 69.99	16	16	16	16	16
70- 79.99	19	19	19	19	19
80- 89.99	22	22	22	22	22
90- 99.99	26	26	26	26	26
100- 109.99	29	29	29	29	29
110- 119.99	33	33	33	33	33
120- 129.99	36	36	36	36	36
130- 139.99	39	39	39	39	39
140- 149.99	42	42	42	42	42
150- 159.99	45	45	45	45	45
160- 169.99	51	51	51	51	51
170- 209.99	57	57	57	57	57
210- 229.99	63	63	63	63	63
230- 249.99	69	69	69	69	69
250- 269.99	75	75	75	75	75
270- 289.99	81	81	81	81	81
290- 309.99	87	87	87	87	87
310- 329.99	93	93	93	93	93
330- 359.99	99	99	99	99	99
360- 389.99	108	108	108	108	108
390- 419.99	117	117	117	117	117
420- 449.99	126	126	126	126	126
450- 479.99	135	135	135	135	135
480- 509.99	144	144	144	144	144
510- 539.99	153	153	153	153	153
540- 569.99	162	162	162	162	162
570- 599.99	171	171	171	171	171
600- 629.99	180	180	180	180	180
630- 659.99	189	189	189	189	189
660- 689.99	198	198	198	198	198
690- 719.99	207	207	207	207	207
720- 749.99	216	216	216	216	216
750- 779.99	225	225	225	225	225
780- 809.99	234	234	234	234	234
810- 839.99	243	243	243	243	243
840- 869.99	252	252	252	252	252
870- 899.99	261	261	261	261	261
900- 929.99	270	270	270	270	270
930- 959.99	279	279	279	279	279
960- 989.99	288	288	288	288	288
990- 1219.99	297	297	297	297	297
1000- 1249.99	306	306	306	306	306
1000- 1279.99	315	315	315	315	315

For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments

July 1, 1977

Table 1

FOOD STAMP PROGRAM
Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND ECHUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	\$610	\$648	\$686	\$724	\$762
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
1030- 1109.99	324	324	324	324	324
1110- 1139.99	333	333	333	333	333
1140- 1169.99	342	342	342	342	342
1170- 1199.99	351	351	351	351	351
1200- 1229.99	360	360	360	360	360
1230- 1259.99	369	369	369	369	369
1260- 1289.99	378	378	378	378	378
1290- 1319.99	387	387	387	387	387
1320- 1349.99	396	396	396	396	396
1350- 1379.99	405	405	405	405	405
1380- 1409.99	414	414	414	414	414
1410- 1439.99	423	423	423	423	423
1440- 1469.99	432	432	432	432	432
1470- 1499.99	441	441	441	441	441
1500- 1529.99	450	450	450	450	450
1530- 1559.99	459	459	459	459	459
1560- 1589.99	468	468	468	468	468
1590- 1619.99	477	477	477	477	477
1620- 1649.99	486	486	486	486	486
1650- 1679.99	495	495	495	495	495
1680- 1709.99	504	504	504	504	504
1710- 1739.99	513	513	513	513	513
1740- 1769.99	522	522	522	522	522
1770- 1799.99	531	531	531	531	531
1800- 1829.99	538	540	540	540	540
1830- 1859.99	538	549	549	549	549
1860- 1889.99	538	558	558	558	558
1890- 1919.99	538	567	567	567	567
1920- 1949.99	538	572	576	576	576
1950- 1979.99	538	572	585	585	585
1980- 2009.99	538	572	594	594	594
2010- 2039.99	538	572	603	603	603
2040- 2069.99	1/	572	606	612	612
2070- 2099.99		572	606	621	621
2100- 2129.99		572	606	630	630
2130- 2159.99		572	606	639	639
2160- 2189.99		572	606	640	648
2190- 2219.99		1/	606	640	657
2220- 2249.99			606	640	666
2250- 2279.99			606	640	674
2280- 2309.99			606	640	674
2310- 2339.99			1/	640	674
2340- 2369.99				640	674
2370- 2399.99				640	674
2400- 2429.99				640	674
2430- 2459.99				1/	674
2460- 2489.99					674
2490- 2519.99					674
2520- 2549.99					674 1/

1/ for any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments

July 1, 1977

Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	1	2	3	4	5
Coupon Allotment	\$39	\$71	\$101	\$128	\$152
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.75	0.75	0.00	0.00	0.00
30- 39.99	3.00	3.00	3.00	3.00	3.75
40- 49.99	4.50	5.25	5.25	5.25	6.00
50- 59.99	6.00	7.50	7.50	7.50	8.25
60- 69.99	7.50	9.00	9.75	9.75	10.50
70- 79.99	9.00	11.25	12.00	12.00	12.75
80- 89.99	10.50	13.50	14.25	14.25	15.00
90- 99.99	12.00	15.75	15.75	16.50	17.25
100- 109.99	13.50	17.25	18.00	18.75	19.50
110- 119.99	15.75	19.50	20.25	21.00	21.75
120- 129.99	18.00	21.75	22.50	23.25	24.75
130- 139.99	20.25	24.00	24.75	25.50	27.00
140- 149.99	22.50	26.25	27.00	27.75	29.25
150- 169.99	24.75	28.50	30.00	30.75	31.50
170- 189.99	29.25	33.00	34.50	35.25	36.00
190- 209.99	30.00	37.50	39.00	39.75	40.50
210- 229.99	31.50	42.00	43.50	44.25	45.00
230- 249.99	31.50	46.50	48.00	48.75	49.50
250- 269.99	1/	51.00	52.50	53.25	54.00
270- 289.99		55.50	57.00	57.75	58.50
290- 309.99		55.50	61.50	62.25	63.00
310- 329.99		55.50	66.00	66.75	67.50
330- 359.99		1/	70.50	71.25	72.00
360- 389.99			77.25	78.00	78.75
390- 419.99			84.00	84.75	85.50
420- 449.99			87.00	91.50	92.25
450- 479.99			1/	98.25	99.00
480- 509.99				105.00	105.75
510- 539.99				109.50	112.50
540- 569.99				109.50	119.25
570- 599.99				1/	126.00
600- 629.99					130.50
630- 659.99					130.50
660- 689.99					130.50
690- 719.99					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income															
Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Adjusted Monthly Net Income	\$ 245	322	447	567	673	807	893	1020	1147	1274	1401	1528	1655	1782	1909
Household Size	16	17	18	19	20										
Adjusted Monthly Net Income	2036	2163	2290	2417	2544										

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977
Table 2

FOOD STAMP PROGRAM

Three Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	6	7	8	9	10
Coupon Allotment	\$182	\$201	\$230	\$258	\$287
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	3.75	3.75	3.75	3.75	3.75
40- 49.99	6.00	6.00	6.00	6.00	6.00
50- 59.99	8.25	9.00	9.00	9.00	9.00
60- 69.99	10.50	11.25	12.00	12.00	12.00
70- 79.99	12.75	13.50	14.25	14.25	14.25
80- 89.99	15.00	15.75	16.50	16.50	16.50
90- 99.99	18.00	18.75	19.50	19.50	19.50
100- 109.99	20.25	21.00	21.75	21.75	21.75
110- 119.99	23.25	24.00	24.75	24.75	24.75
120- 129.99	25.50	26.25	27.00	27.00	27.00
130- 139.99	27.75	28.50	29.25	29.25	29.25
140- 149.99	30.00	30.75	31.50	31.50	31.50
150- 159.99	32.25	33.00	33.75	33.75	33.75
160- 169.99	34.50	35.25	36.00	36.00	36.00
170- 179.99	36.75	37.50	38.25	38.25	38.25
180- 189.99	39.00	40.00	40.75	40.75	40.75
190- 199.99	41.25	42.00	42.75	42.75	42.75
200- 209.99	43.50	44.50	45.25	45.25	45.25
210- 219.99	45.75	46.50	47.25	47.25	47.25
220- 229.99	48.00	49.00	49.75	49.75	49.75
230- 239.99	50.25	51.00	51.75	51.75	51.75
240- 249.99	52.50	53.50	54.25	54.25	54.25
250- 259.99	54.75	55.50	56.25	56.25	56.25
260- 269.99	57.00	58.00	58.75	58.75	58.75
270- 279.99	59.25	60.00	60.75	60.75	60.75
280- 289.99	61.50	62.50	63.25	63.25	63.25
290- 299.99	63.75	64.50	65.25	65.25	65.25
300- 309.99	66.00	67.00	67.75	67.75	67.75
310- 319.99	68.25	69.00	69.75	69.75	69.75
320- 329.99	70.50	71.50	72.25	72.25	72.25
330- 339.99	72.75	73.50	74.25	74.25	74.25
340- 349.99	75.00	76.00	76.75	76.75	76.75
350- 359.99	77.25	78.00	78.75	78.75	78.75
360- 369.99	79.50	80.25	81.00	81.00	81.00
370- 379.99	81.75	82.50	83.25	83.25	83.25
380- 389.99	84.00	85.00	85.75	85.75	85.75
390- 399.99	86.25	87.00	87.75	87.75	87.75
400- 409.99	88.50	89.50	90.25	90.25	90.25
410- 419.99	90.75	91.75	92.50	92.50	92.50
420- 429.99	93.00	94.00	94.75	94.75	94.75
430- 439.99	95.25	96.25	97.00	97.00	97.00
440- 449.99	97.50	98.50	99.25	99.25	99.25
450- 459.99	99.75	100.75	101.50	101.50	101.50
460- 469.99	102.00	103.00	103.75	103.75	103.75
470- 479.99	104.25	105.25	106.00	106.00	106.00
480- 489.99	106.50	107.50	108.25	108.25	108.25
490- 499.99	108.75	109.75	110.50	110.50	110.50
500- 509.99	111.00	112.00	112.75	112.75	112.75
510- 519.99	113.25	114.25	115.00	115.00	115.00
520- 529.99	115.50	116.50	117.25	117.25	117.25
530- 539.99	117.75	118.75	119.50	119.50	119.50
540- 549.99	120.00	121.00	121.75	121.75	121.75
550- 559.99	122.25	123.25	124.00	124.00	124.00
560- 569.99	124.50	125.50	126.25	126.25	126.25
570- 579.99	126.75	127.75	128.50	128.50	128.50
580- 589.99	129.00	130.00	130.75	130.75	130.75
590- 599.99	131.25	132.25	133.00	133.00	133.00
600- 609.99	133.50	134.50	135.25	135.25	135.25
610- 619.99	135.75	136.75	137.50	137.50	137.50
620- 629.99	138.00	139.00	139.75	139.75	139.75
630- 639.99	140.25	141.25	142.00	142.00	142.00
640- 649.99	142.50	143.50	144.25	144.25	144.25
650- 659.99	144.75	145.75	146.50	146.50	146.50
660- 669.99	147.00	148.00	148.75	148.75	148.75
670- 679.99	149.25	150.25	151.00	151.00	151.00
680- 689.99	151.50	152.50	153.25	153.25	153.25
690- 699.99	153.75	154.75	155.50	155.50	155.50
700- 709.99	156.00	157.00	157.75	157.75	157.75
710- 719.99	158.25	159.25	160.00	160.00	160.00
720- 729.99	160.50	161.50	162.25	162.25	162.25
730- 739.99	162.75	163.75	164.50	164.50	164.50
740- 749.99	165.00	166.00	166.75	166.75	166.75
750- 759.99	167.25	168.25	169.00	169.00	169.00
760- 769.99	169.50	170.50	171.25	171.25	171.25
770- 779.99	171.75	172.75	173.50	173.50	173.50
780- 789.99	174.00	175.00	175.75	175.75	175.75
790- 799.99	176.25	177.25	178.00	178.00	178.00
800- 809.99	178.50	179.50	180.25	180.25	180.25
810- 819.99	180.75	181.75	182.50	182.50	182.50
820- 829.99	183.00	184.00	184.75	184.75	184.75
830- 839.99	185.25	186.25	187.00	187.00	187.00
840- 849.99	187.50	188.50	189.25	189.25	189.25
850- 859.99	189.75	190.75	191.50	191.50	191.50
860- 869.99	192.00	193.00	193.75	193.75	193.75
870- 879.99	194.25	195.25	196.00	196.00	196.00
880- 889.99	196.50	197.50	198.25	198.25	198.25
890- 899.99	198.75	199.75	200.50	200.50	200.50
900- 909.99	201.00	202.00	202.75	202.75	202.75
910- 919.99	203.25	204.25	205.00	205.00	205.00
920- 929.99	205.50	206.50	207.25	207.25	207.25
930- 939.99	207.75	208.75	209.50	209.50	209.50
940- 949.99	210.00	211.00	211.75	211.75	211.75
950- 959.99	212.25	213.25	214.00	214.00	214.00
960- 969.99	214.50	215.50	216.25	216.25	216.25
970- 979.99	216.75	217.75	218.50	218.50	218.50
980- 989.99	219.00	220.00	220.75	220.75	220.75
990- 999.99	221.25	222.25	223.00	223.00	223.00
1000- 1009.99	223.50	224.50	225.25	225.25	225.25
1010- 1019.99	225.75	226.75	227.50	227.50	227.50
1020- 1029.99	228.00	229.00	229.75	229.75	229.75
1030- 1039.99	230.25	231.25	232.00	232.00	232.00
1040- 1049.99	232.50	233.50	234.25	234.25	234.25
1050- 1059.99	234.75	235.75	236.50	236.50	236.50
1060- 1069.99	237.00	238.00	238.75	238.75	238.75
1070- 1079.99	239.25	240.25	241.00	241.00	241.00
1080- 1089.99	241.50	242.50	243.25	243.25	243.25
1090- 1099.99	243.75	244.75	245.50	245.50	245.50
1100- 1109.99	246.00	247.00	247.75	247.75	247.75
1110- 1119.99	248.25	249.25	250.00	250.00	250.00
1120- 1129.99	250.50	251.50	252.25	252.25	252.25
1130- 1139.99	252.75	253.75	254.50	254.50	254.50
1140- 1149.99	255.00	256.00	256.75	256.75	256.75
1150- 1159.99	257.25	258.25	259.00	259.00	259.00
1160- 1169.99	259.50	260.50	261.25	261.25	261.25
1170- 1179.99	261.75	262.75	263.50	263.50	263.50
1180- 1189.99	264.00	265.00	265.75	265.75	265.75
1190- 1199.99	266.25	267.25	268.00	268.00	268.00
1200- 1209.99	268.50	269.50	270.25	270.25	270.25
1210- 1219.99	270.75	271.75	272.50	272.50	272.50
1220- 1229.99	273.00	274.00	274.75	274.75	274.75
1230- 1239.99	275.25	276.25	277.00	277.00	277.00
1240- 1249.99	277.50	278.50	279.25	279.25	279.25
1250- 1259.99	279.75	280.75	281.50	281.50	281.50
1260- 1269.99	282.00	283.00	283.75	283.75	283.75
1270- 1279.99	284.25	285.25	286.00	286.00	286.00
1280- 1289.99	286.50	287.50	288.25	288.25	288.25
1290- 1299.99	288.75	289.75	290.50	290.50	290.50
1300- 1309.99	291.00	292.00	292.75	292.75	292.75
1310- 1319.99	293.25	294.25	295.00	295.00	295.00
1320- 1329.99	295.50	296.50	297.25	297.25	297.25
1330- 1339.99	297.75	298.75	299.50	299.50	299.50
1340- 1349.99	300.00	301.00	301.75	301.75	301.75
1350- 1359.99	302.25	303.25	304.00	304.00	304.00
1360- 1369.99	304.50	305.50	306.25	306.25	306.25
1370- 1379.99	306.75	307.75	308.50	308.50	308.50
1380- 1389.99	309.00	310.00	310.75	310.75	310.75
1390- 1399.99	311.25	312.25	313.00	313.00	313.00
1400- 1409.99	313.50	314.50	315.25	315.25	315.25
1410- 1419.99	315.75	316.75	317.50	317.50	317.50
1420- 1429.99	318.00	319.00	319.75	319.75	319.75
1430- 1439.99	320.25	321.25	322.00	322.00	322.00
1440- 1449.99	322.50	323.50	324.25	324.25	324.25
1450- 1459.99	324.75	325.75	326.50	326.50	326.50
1460- 1469.99	327.00	328.00	328.75	328.75	328.75
1470- 1479.99	329.25	330.25	331.00	331.00	331.00
1480- 1489.99	331.50	332.50	333.25	333.25	333.25
1490- 1499.99	333.75	334.75	335.50	335.50	

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY
COUPON ALLOCATIONS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allocation Adjusted Monthly Net Income	\$315 Three Quarter- Monthly Purchase	\$ 344 Three Quarter- Monthly Purchase	\$372 Three Quarter- Monthly Purchase	\$401 Three Quarter- Monthly Purchase	\$429 Three Quarter- Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	3.75	3.75	3.75	3.75	3.75
40- 49.99	6.00	6.00	6.00	6.00	6.00
50- 59.99	9.00	9.00	9.00	9.00	9.00
60- 69.99	12.00	12.00	12.00	12.00	12.00
70- 79.99	14.25	14.25	14.25	14.25	14.25
80- 89.99	16.50	16.50	16.50	16.50	16.50
90- 99.99	19.50	19.50	19.50	19.50	19.50
100- 109.99	21.75	21.75	21.75	21.75	21.75
110- 119.99	24.75	24.75	24.75	24.75	24.75
120- 129.99	27.00	27.00	27.00	27.00	27.00
130- 139.99	29.25	29.25	29.25	29.25	29.25
140- 149.99	31.50	31.50	31.50	31.50	31.50
150- 159.99	33.75	33.75	33.75	33.75	33.75
160- 169.99	36.25	36.25	36.25	36.25	36.25
170- 179.99	38.25	38.25	38.25	38.25	38.25
180- 189.99	42.75	42.75	42.75	42.75	42.75
190- 199.99	47.25	47.25	47.25	47.25	47.25
200- 209.99	51.75	51.75	51.75	51.75	51.75
210- 219.99	56.25	56.25	56.25	56.25	56.25
220- 229.99	60.75	60.75	60.75	60.75	60.75
230- 239.99	65.25	65.25	65.25	65.25	65.25
240- 249.99	69.75	69.75	69.75	69.75	69.75
250- 259.99	74.25	74.25	74.25	74.25	74.25
260- 269.99	81.00	81.00	81.00	81.00	81.00
270- 279.99	87.75	87.75	87.75	87.75	87.75
280- 289.99	94.50	94.50	94.50	94.50	94.50
290- 299.99	101.25	101.25	101.25	101.25	101.25
300- 309.99	108.00	108.00	108.00	108.00	108.00
310- 319.99	114.75	114.75	114.75	114.75	114.75
320- 329.99	121.50	121.50	121.50	121.50	121.50
330- 339.99	128.25	128.25	128.25	128.25	128.25
340- 349.99	135.00	135.00	135.00	135.00	135.00
350- 359.99	141.75	141.75	141.75	141.75	141.75
360- 369.99	148.50	148.50	148.50	148.50	148.50
370- 379.99	155.25	155.25	155.25	155.25	155.25
380- 389.99	162.00	162.00	162.00	162.00	162.00
390- 399.99	168.75	168.75	168.75	168.75	168.75
400- 409.99	175.50	175.50	175.50	175.50	175.50
410- 419.99	182.25	182.25	182.25	182.25	182.25
420- 429.99	189.00	189.00	189.00	189.00	189.00
430- 439.99	195.75	195.75	195.75	195.75	195.75
440- 449.99	202.50	202.50	202.50	202.50	202.50
450- 459.99	209.25	209.25	209.25	209.25	209.25
460- 469.99	216.00	216.00	216.00	216.00	216.00
470- 479.99	222.75	222.75	222.75	222.75	222.75
480- 489.99	229.50	229.50	229.50	229.50	229.50
490- 499.99	236.25	236.25	236.25	236.25	236.25

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	\$458	\$486	\$515	\$543	\$572
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	3.75	3.75	3.75	3.75	3.75
40- 49.99	6.00	6.00	6.00	6.00	6.00
50- 59.99	9.00	9.00	9.00	9.00	9.00
60- 69.99	12.00	12.00	12.00	12.00	12.00
70- 79.99	14.25	14.25	14.25	14.25	14.25
80- 89.99	16.50	16.50	16.50	16.50	16.50
90- 99.99	19.50	19.50	19.50	19.50	19.50
100- 109.99	21.75	21.75	21.75	21.75	21.75
110- 119.99	24.75	24.75	24.75	24.75	24.75
120- 129.99	27.00	27.00	27.00	27.00	27.00
130- 139.99	29.25	29.25	29.25	29.25	29.25
140- 149.99	31.50	31.50	31.50	31.50	31.50
150- 169.99	33.75	33.75	33.75	33.75	33.75
170- 189.99	38.25	38.25	38.25	38.25	38.25
190- 209.99	42.75	42.75	42.75	42.75	42.75
210- 229.99	47.25	47.25	47.25	47.25	47.25
230- 249.99	51.75	51.75	51.75	51.75	51.75
250- 269.99	56.25	56.25	56.25	56.25	56.25
270- 289.99	60.75	60.75	60.75	60.75	60.75
290- 309.99	65.25	65.25	65.25	65.25	65.25
310- 329.99	69.75	69.75	69.75	69.75	69.75
330- 359.99	74.25	74.25	74.25	74.25	74.25
360- 389.99	81.00	81.00	81.00	81.00	81.00
390- 419.99	87.75	87.75	87.75	87.75	87.75
420- 449.99	94.50	94.50	94.50	94.50	94.50
450- 479.99	101.25	101.25	101.25	101.25	101.25
480- 509.99	108.00	108.00	108.00	108.00	108.00
510- 539.99	114.75	114.75	114.75	114.75	114.75
540- 569.99	121.50	121.50	121.50	121.50	121.50
570- 599.99	128.25	128.25	128.25	128.25	128.25
600- 629.99	135.00	135.00	135.00	135.00	135.00
630- 659.99	141.75	141.75	141.75	141.75	141.75
660- 689.99	148.50	148.50	148.50	148.50	148.50
690- 719.99	155.25	155.25	155.25	155.25	155.25
720- 749.99	162.00	162.00	162.00	162.00	162.00
750- 774.99	168.75	168.75	168.75	168.75	168.75
780- 809.99	175.50	175.50	175.50	175.50	175.50
810- 839.99	182.25	182.25	182.25	182.25	182.25
840- 869.99	189.00	189.00	189.00	189.00	189.00
870- 899.99	195.75	195.75	195.75	195.75	195.75
900- 929.99	202.50	202.50	202.50	202.50	202.50
930- 959.99	209.25	209.25	209.25	209.25	209.25
960- 989.99	216.00	216.00	216.00	216.00	216.00
990- 1019.99	222.75	222.75	222.75	222.75	222.75
1020- 1049.99	229.50	229.50	229.50	229.50	229.50
1050- 1079.99	236.25	236.25	236.25	236.25	236.25

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
 Health and Welfare Agency

Department of Benefit Payments

July 1, 1977

Table 2

**FOOD STAMP PROGRAM
 THREE QUARTER-MONTHLY
 COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)**

Household Size	16	17	18	19	20
Coupon Allotment	\$ 458	\$486	\$515	\$543	\$572
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
1080-1109.99	243.00	243.00	243.00	243.00	243.00
1110-1139.99	249.75	249.75	249.75	249.75	249.75
1140-1169.99	256.50	256.50	256.50	256.50	256.50
1170-1199.99	263.25	263.25	263.25	263.25	263.25
1200-1229.99	270.00	270.00	270.00	270.00	270.00
1230-1259.99	276.75	276.75	276.75	276.75	276.75
1260-1289.99	283.50	283.50	283.50	283.50	283.50
1290-1319.99	290.25	290.25	290.25	290.25	290.25
1320-1349.99	297.00	297.00	297.00	297.00	297.00
1350-1379.99	303.75	303.75	303.75	303.75	303.75
1380-1409.99	310.50	310.50	310.50	310.50	310.50
1410-1439.99	317.25	317.25	317.25	317.25	317.25
1440-1469.99	324.00	324.00	324.00	324.00	324.00
1470-1499.99	330.75	330.75	330.75	330.75	330.75
1500-1529.99	337.50	337.50	337.50	337.50	337.50
1530-1559.99	344.25	344.25	344.25	344.25	344.25
1560-1589.99	351.00	351.00	351.00	351.00	351.00
1590-1619.99	357.75	357.75	357.75	357.75	357.75
1620-1649.99	364.50	364.50	364.50	364.50	364.50
1650-1679.99	371.25	371.25	371.25	371.25	371.25
1680-1709.99	378.00	378.00	378.00	378.00	378.00
1710-1739.99	384.75	384.75	384.75	384.75	384.75
1740-1769.99	391.50	391.50	391.50	391.50	391.50
1770-1799.99	398.25	398.25	398.25	398.25	398.25
1800-1829.99	405.00	405.00	405.00	405.00	405.00
1830-1859.99	403.50	411.75	411.75	411.75	411.75
1860-1889.99	403.50	418.50	418.50	418.50	418.50
1890-1919.99	403.50	425.25	425.25	425.25	425.25
1920-1949.99	403.50	429.00	432.00	432.00	432.00
1950-1979.99	403.50	429.00	438.75	438.75	438.75
1980-2009.99	403.50	429.00	445.50	445.50	445.50
2010-2039.99	403.50	429.00	452.25	452.25	452.25
2040-2069.99	1/	429.00	454.50	459.00	459.00
2070-2099.99		429.00	454.50	465.75	465.75
2100-2129.99		429.00	454.50	472.50	472.50
2130-2159.99		429.00	454.50	479.25	479.25
2160-2189.99		429.00	454.50	480.00	486.00
2190-2219.99			454.50	480.00	492.75
2220-2249.99			454.50	480.00	499.50
2250-2279.99			454.50	480.00	505.50
2280-2309.99			454.50	480.00	505.50
2310-2339.99			1/	480.00	505.50
2340-2369.99				480.00	505.50
2370-2399.99				480.00	505.50
2400-2429.99				480.00	505.50
2430-2459.99				1/	505.50
2460-2489.99					505.50
2490-2519.99					505.50
2520-2549.99					505.50

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments

July 1, 1977

Table 3

FOOD STAMP PROGRAM

SEMI-MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	1	2	3	4	5
Coupon Allotment	\$26	\$47	\$67	\$85	\$101
Adjusted Monthly Net Income	Semi-monthly Purchase	Semi-monthly Purchase	Semi-monthly Purchase	Semi-monthly Purchase	Semi-monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.50	0.50	0.00	0.00	0.00
30- 39.99	2.00	2.00	2.00	2.00	2.50
40- 49.99	3.00	3.50	3.50	3.50	4.00
50- 59.99	4.00	5.00	5.00	5.00	5.50
60- 69.99	5.00	6.00	6.50	6.50	7.00
70- 79.99	6.00	7.50	8.00	8.00	8.50
80- 89.99	7.00	9.00	9.50	9.50	10.00
90- 99.99	8.00	10.50	10.50	11.00	11.50
100- 109.99	9.00	11.50	12.00	12.50	13.00
110- 119.99	10.50	13.00	13.50	14.00	14.50
120- 129.99	12.00	14.50	15.00	15.50	16.50
130- 139.99	13.50	16.00	16.50	17.00	18.00
140- 149.99	15.00	17.50	18.00	18.50	19.50
150- 159.99	16.50	19.00	20.00	20.50	21.00
160- 169.99	19.50	22.00	23.00	23.50	24.00
170- 179.99	20.00	25.00	26.00	26.50	27.00
180- 189.99	21.00	28.00	29.00	29.50	30.00
190- 199.99	21.00	31.00	32.00	32.50	33.00
200- 209.99	1/	34.00	35.00	35.50	36.00
210- 219.99		37.00	38.00	38.50	39.00
220- 229.99		37.00	41.00	41.50	42.00
230- 239.99		37.00	44.00	44.50	45.00
240- 249.99		1/	47.00	47.50	48.00
250- 259.99			51.50	52.00	52.50
260- 269.99			56.00	56.50	57.00
270- 279.99			58.00	61.00	61.50
280- 289.99			1/	65.50	66.00
290- 299.99				70.00	70.50
300- 309.99				73.00	75.00
310- 319.99				73.00	79.50
320- 329.99				1/	84.00
330- 339.99					87.00
340- 349.99					87.00
350- 359.99					87.00
360- 369.99					1/
370- 379.99					

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income															
Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Adjusted Monthly Net Income	\$245	322	447	567	673	807	893	1020	1147	1274	1401	1528	1655	1782	1909
Household Size	16	17	18	19	20										
Adjusted Monthly Net Income	2036	2163	2290	2417	2544										

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
 Health and Welfare Agency

Department of Benefit Payments

July 1, 1977

Table 3

FOOD STAMP PROGRAM

SemiMonthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	\$121	\$134	\$153	\$172	\$191
Adjusted Monthly Net Income	SemiMonthly Purchase	SemiMonthly Purchase	SemiMonthly Purchase	SemiMonthly Purchase	SemiMonthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	2.50	2.50	2.50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4.00
50- 59.99	5.50	6.00	6.00	6.00	6.00
60- 69.99	7.00	7.50	8.00	8.00	8.00
70- 79.99	8.50	9.00	9.50	9.50	9.50
80- 89.99	10.50	10.50	11.00	11.00	11.00
90- 99.99	12.00	12.50	13.00	13.00	13.00
100- 109.99	13.50	14.00	14.50	14.50	14.50
110- 119.99	15.50	16.00	16.50	16.50	16.50
120- 129.99	17.00	17.50	18.00	18.00	18.00
130- 139.99	18.50	19.00	19.50	19.50	19.50
140- 149.99	20.00	20.50	21.00	21.00	21.00
150- 169.99	21.50	22.00	22.50	22.50	22.50
170- 189.99	24.50	25.00	25.50	25.50	25.50
190- 209.99	27.50	28.00	28.50	28.50	28.50
210- 229.99	30.50	31.00	31.50	31.50	31.50
230- 249.99	33.50	34.00	34.50	34.50	34.50
250- 269.99	36.50	37.00	37.50	37.50	37.50
270- 289.99	39.50	40.00	40.50	40.50	40.50
290- 309.99	42.50	43.00	43.50	43.50	43.50
310- 329.99	45.50	46.00	46.50	46.50	46.50
330- 359.99	48.50	49.00	49.50	49.50	49.50
360- 389.99	53.00	53.50	54.00	54.00	54.00
390- 419.99	57.50	58.00	58.50	58.50	58.50
420- 449.99	62.00	62.50	63.00	63.00	63.00
450- 479.99	66.50	67.00	67.50	67.50	67.50
480- 509.99	71.00	71.50	72.00	72.00	72.00
510- 539.99	75.50	76.00	76.50	76.50	76.50
540- 569.99	80.00	80.50	81.00	81.00	81.00
570- 599.99	84.50	85.00	85.50	85.50	85.50
600- 629.99	89.00	89.50	90.00	90.00	90.00
630- 659.99	93.50	94.00	94.50	94.50	94.50
660- 689.99	98.00	98.50	99.00	99.00	99.00
690- 719.99	102.50	103.00	103.50	103.50	103.50
720- 749.99	105.00	107.50	108.00	108.00	108.00
750- 779.99	105.00	112.00	112.50	112.50	112.50
780- 809.99	105.00	116.00	117.00	117.00	117.00
810- 839.99	105.00	116.00	121.50	121.50	121.50
840- 869.99		116.00	126.00	126.00	126.00
870- 899.99		116.00	130.50	130.50	130.50
900- 929.99		116.00	133.00	135.00	135.00
930- 959.99			133.00	139.50	139.50
960- 989.99			133.00	144.00	144.00
990- 1019.99			133.00	148.50	148.50
1020- 1049.99			133.00	150.00	153.00
1050- 1079.99			133.00	150.00	157.50

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

(Pursuant to Government Code Section 11380.1)

63-3200

Table 3

CC FOR ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

[illegible]

18

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977
Table 3

FOOD STAMP PROGRAM
Semi-monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	\$210	\$229	\$248	\$267	\$286
Adjusted Monthly Net Income	Semi-monthly Purchase	Semi-monthly Purchase	Semi-monthly Purchase	Semi-monthly Purchase	Semi-monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	2.50	2.50	2.50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4.00
50- 59.99	6.00	6.00	6.00	6.00	6.00
60- 69.99	8.00	8.00	8.00	8.00	8.00
70- 79.99	9.50	9.50	9.50	9.50	9.50
80- 89.99	11.00	11.00	11.00	11.00	11.00
90- 99.99	13.00	13.00	13.00	13.00	13.00
100- 109.99	14.50	14.50	14.50	14.50	14.50
110- 119.99	16.50	16.50	16.50	16.50	16.50
120- 129.99	18.00	18.00	18.00	18.00	18.00
130- 139.99	19.50	19.50	19.50	19.50	19.50
140- 149.99	21.00	21.00	21.00	21.00	21.00
150- 169.99	22.50	22.50	22.50	22.50	22.50
170- 189.99	25.50	25.50	25.50	25.50	25.50
190- 209.99	28.50	28.50	28.50	28.50	28.50
210- 229.99	31.50	31.50	31.50	31.50	31.50
230- 249.99	34.50	34.50	34.50	34.50	34.50
250- 269.99	37.50	37.50	37.50	37.50	37.50
270- 289.99	40.50	40.50	40.50	40.50	40.50
290- 309.99	43.50	43.50	43.50	43.50	43.50
310- 329.99	46.50	46.50	46.50	46.50	46.50
330- 359.99	49.50	49.50	49.50	49.50	49.50
360- 389.99	54.00	54.00	54.00	54.00	54.00
390- 419.99	58.50	58.50	58.50	58.50	58.50
420- 449.99	63.00	63.00	63.00	63.00	63.00
450- 479.99	67.50	67.50	67.50	67.50	67.50
480- 509.99	72.00	72.00	72.00	72.00	72.00
510- 539.99	76.50	76.50	76.50	76.50	76.50
540- 569.99	81.00	81.00	81.00	81.00	81.00
570- 599.99	85.50	85.50	85.50	85.50	85.50
600- 629.99	90.00	90.00	90.00	90.00	90.00
630- 659.99	94.50	94.50	94.50	94.50	94.50
660- 689.99	99.00	99.00	99.00	99.00	99.00
690- 719.99	103.50	103.50	103.50	103.50	103.50
720- 749.99	108.00	108.00	108.00	108.00	108.00
750- 779.99	112.50	112.50	112.50	112.50	112.50
780- 809.99	117.00	117.00	117.00	117.00	117.00
810- 839.99	121.50	121.50	121.50	121.50	121.50
840- 869.99	126.00	126.00	126.00	126.00	126.00
870- 899.99	130.50	130.50	130.50	130.50	130.50
900- 929.99	135.00	135.00	135.00	135.00	135.00
930- 959.99	139.50	139.50	139.50	139.50	139.50
960- 989.99	144.00	144.00	144.00	144.00	144.00
990- 1019.99	148.50	148.50	148.50	148.50	148.50
1020- 1049.99	153.00	153.00	153.00	153.00	153.00
1050- 1079.99	157.50	157.50	157.50	157.50	157.50

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

(Pursuant to Government Code Section 11380.1)

63-3200

Table 3

SemiMonthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

1/ for any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977
Table 3

FOOD STAMP PROGRAM
SemiMonthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	\$305	\$324	\$343	\$362	\$381
Adjusted Monthly Net Income	SemiMonthly Purchase	SemiMonthly Purchase	SemiMonthly Purchase	SemiMonthly Purchase	SemiMonthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	2.50	2.50	2.50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4.00
50- 59.99	6.00	6.00	6.00	6.00	6.00
60- 69.99	8.00	8.00	8.00	8.00	8.00
70- 79.99	9.50	9.50	9.50	9.50	9.50
80- 89.99	11.00	11.00	11.00	11.00	11.00
90- 99.99	13.00	13.00	13.00	13.00	13.00
100- 109.99	14.50	14.50	14.50	14.50	14.50
110- 119.99	16.50	16.50	16.50	16.50	16.50
120- 129.99	18.00	18.00	18.00	18.00	18.00
130- 139.99	19.50	19.50	19.50	19.50	19.50
140- 149.99	21.00	21.00	21.00	21.00	21.00
150- 169.99	22.50	22.50	22.50	22.50	22.50
170- 189.99	25.50	25.50	25.50	25.50	25.50
190- 209.99	28.50	28.50	28.50	28.50	28.50
210- 229.99	31.50	31.50	31.50	31.50	31.50
230- 249.99	34.50	34.50	34.50	34.50	34.50
250- 269.99	37.50	37.50	37.50	37.50	37.50
270- 289.99	40.50	40.50	40.50	40.50	40.50
290- 309.99	43.50	43.50	43.50	43.50	43.50
310- 329.99	46.50	46.50	46.50	46.50	46.50
330- 359.99	49.50	49.50	49.50	49.50	49.50
360- 389.99	54.00	54.00	54.00	54.00	54.00
390- 419.99	58.50	58.50	58.50	58.50	58.50
420- 449.99	63.00	63.00	63.00	63.00	63.00
450- 479.99	67.50	67.50	67.50	67.50	67.50
480- 509.99	72.00	72.00	72.00	72.00	72.00
510- 539.99	76.50	76.50	76.50	76.50	76.50
540- 569.99	81.00	81.00	81.00	81.00	81.00
570- 599.99	85.50	85.50	85.50	85.50	85.50
600- 629.99	90.00	90.00	90.00	90.00	90.00
630- 659.99	94.50	94.50	94.50	94.50	94.50
660- 689.99	99.00	99.00	99.00	99.00	99.00
690- 719.99	103.50	103.50	103.50	103.50	103.50
720- 749.99	108.00	108.00	108.00	108.00	108.00
750- 779.99	112.50	112.50	112.50	112.50	112.50
780- 809.99	117.00	117.00	117.00	117.00	117.00
810- 839.99	121.50	121.50	121.50	121.50	121.50
840- 869.99	126.00	126.00	126.00	126.00	126.00
870- 899.99	130.50	130.50	130.50	130.50	130.50
900- 929.99	135.00	135.00	135.00	135.00	135.00
930- 959.99	139.50	139.50	139.50	139.50	139.50
960- 989.99	144.00	144.00	144.00	144.00	144.00
990- 1019.99	148.50	148.50	148.50	148.50	148.50
1020- 1049.99	153.00	153.00	153.00	153.00	153.00
1050- 1079.99	157.50	157.50	157.50	157.50	157.50

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977
Table 3

FOOD STAMP PROGRAM
Semi-monthly

(COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS)

Household Size	16	17	18	19	20
Coupon Allotment	\$305	\$324	\$343	\$362	\$381
Adjusted Monthly Net Income	Semi-monthly Purchase	Semi-monthly Purchase	Semi-monthly Purchase	Semi-monthly Purchase	Semi-monthly Purchase
1000- 1109.99	162.00	162.00	162.00	162.00	162.00
1110- 1139.99	166.50	166.50	166.50	166.50	166.50
1140- 1169.99	171.00	171.00	171.00	171.00	171.00
1170- 1199.99	175.50	175.50	175.50	175.50	175.50
1200- 1229.99	180.00	180.00	180.00	180.00	180.00
1230- 1259.99	184.50	184.50	184.50	184.50	184.50
1260- 1289.99	189.00	189.00	189.00	189.00	189.00
1290- 1319.99	193.50	193.50	193.50	193.50	193.50
1320- 1349.99	198.00	198.00	198.00	198.00	198.00
1350- 1379.99	202.50	202.50	202.50	202.50	202.50
1380- 1409.99	207.00	207.00	207.00	207.00	207.00
1410- 1439.99	211.50	211.50	211.50	211.50	211.50
1440- 1469.99	216.00	216.00	216.00	216.00	216.00
1470- 1499.99	220.50	220.50	220.50	220.50	220.50
1500- 1529.99	225.00	225.00	225.00	225.00	225.00
1530- 1559.99	229.50	229.50	229.50	229.50	229.50
1560- 1589.99	234.00	234.00	234.00	234.00	234.00
1590- 1619.99	238.50	238.50	238.50	238.50	238.50
1620- 1649.99	243.00	243.00	243.00	243.00	243.00
1650- 1679.99	247.50	247.50	247.50	247.50	247.50
1680- 1709.99	252.00	252.00	252.00	252.00	252.00
1710- 1739.99	256.50	256.50	256.50	256.50	256.50
1740- 1769.99	261.00	261.00	261.00	261.00	261.00
1770- 1799.99	265.50	265.50	265.50	265.50	265.50
1800- 1829.99	269.00	270.00	270.00	270.00	270.00
1830- 1859.99	269.00	274.50	274.50	274.50	274.50
1860- 1889.99	269.00	279.00	279.00	279.00	279.00
1890- 1919.99	269.00	283.50	283.50	283.50	283.50
1920- 1949.99	269.00	286.00	288.00	288.00	288.00
1950- 1979.99	269.00	286.00	292.50	292.50	292.50
1980- 2009.99	269.00	286.00	297.00	297.00	297.00
2010- 2039.99	269.00	286.00	301.50	301.50	301.50
2040- 2069.99	1/	286.00	303.00	306.00	306.00
2070- 2099.99		286.00	303.00	310.50	310.50
2100- 2129.99		286.00	303.00	315.00	315.00
2130- 2159.99		286.00	303.00	319.50	319.50
2160- 2189.99		286.00	303.00	320.00	324.00
2190- 2219.99		1/	303.00	320.00	328.50
2220- 2249.99			303.00	320.00	333.00
2250- 2279.99			303.00	320.00	337.00
2280- 2309.99			303.00	320.00	337.00
2310- 2339.99			1/	320.00	337.00
2340- 2369.99				320.00	337.00
2370- 2399.99				320.00	337.00
2400- 2429.99				320.00	337.00
2430- 2459.99				1/	337.00
2460- 2489.99					337.00
2490- 2519.99					337.00
2520-2549.99					337.00

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

1/

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977
Table 4

FOOD STAMP PROGRAM

Quarter-Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	1	2	3	4	5
Coupon Allotment	\$13	\$24	\$34	\$43	\$51
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
\$ 0- 19.99	\$0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.25	0.25	0.00	0.00	0.00
30- 39.99	1.00	1.00	1.00	1.00	1.25
40- 49.99	1.50	1.75	1.75	1.75	2.00
50- 59.99	2.00	2.50	2.50	2.50	2.75
60- 69.99	2.50	3.00	3.25	3.25	3.50
70- 79.99	3.00	3.75	4.00	4.00	4.25
80- 89.99	3.50	4.50	4.75	4.75	5.00
90- 99.99	4.00	5.25	5.25	5.50	5.75
100- 109.99	4.50	5.75	6.00	6.25	6.50
110- 119.99	5.25	6.50	6.75	7.00	7.25
120- 129.99	6.00	7.25	7.50	7.75	8.25
130- 139.99	6.75	8.00	8.25	8.50	9.00
140- 149.99	7.50	8.75	9.00	9.25	9.75
150- 159.99	8.25	9.50	10.00	10.25	10.50
170- 189.99	9.75	11.00	11.50	11.75	12.00
190- 209.99	10.00	12.50	13.00	13.25	13.50
210- 229.99	10.50	14.00	14.50	14.75	15.00
230- 249.99	10.50	15.50	16.00	16.25	16.50
250- 269.99	1/	17.00	17.50	17.75	18.00
270- 289.99		18.50	19.00	19.25	19.50
290- 309.99		18.50	20.50	20.75	21.00
310- 329.99		18.50	22.00	22.25	22.50
330- 359.99		1/	23.50	23.75	24.00
360- 389.99			25.75	26.00	26.25
390- 419.99			28.00	28.25	28.50
420- 449.99			29.00	30.50	30.75
450- 479.99				32.75	33.00
480- 509.99			1/	35.00	35.25
510- 539.99				36.50	37.50
540- 569.99				36.50	39.75
570- 599.99				1/	42.00
600- 629.99					43.50
630- 659.99					43.50
660- 689.99					43.50
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income															
Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Adjusted Monthly Net Income	245	322	447	567	673	807	893	1020	1147	1274	1401	1528	1655	1782	1909
Household Size	16	17	18	19	20										
Adjusted Monthly Net Income	2036	2163	2290	2417	2544										

DO NOT WRITE IN THIS SPACE

**CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977

Table 4

**FOOD STAMP PROGRAM
Quarter-Monthly**

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	6	7	8	9	10
Coupon Allotment	\$61	\$67	\$77	\$86	\$96
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	2.75	3.00	3.00	3.00	3.00
60- 69.99	3.50	3.75	4.00	4.00	4.00
70- 79.99	4.25	4.50	4.75	4.75	4.75
80- 89.99	5.25	5.25	5.50	5.50	5.50
90- 99.99	6.00	6.25	6.50	6.50	6.50
100- 109.99	6.75	7.00	7.25	7.25	7.25
110- 119.99	7.75	8.00	8.25	8.25	8.25
120- 129.99	8.50	8.75	9.00	9.00	9.00
130- 139.99	9.25	9.50	9.75	9.75	9.75
140- 149.99	10.00	10.25	10.50	10.50	10.50
150- 169.99	10.75	11.00	11.25	11.25	11.25
170- 189.99	12.25	12.50	12.75	12.75	12.75
190- 209.99	13.75	14.00	14.25	14.25	14.25
210- 229.99	15.25	15.50	15.75	15.75	15.75
230- 249.99	16.75	17.00	17.25	17.25	17.25
250- 269.99	18.25	18.50	18.75	18.75	18.75
270- 289.99	19.75	20.00	20.25	20.25	20.25
290- 309.99	21.25	21.50	21.75	21.75	21.75
310- 329.99	22.75	23.00	23.25	23.25	23.25
330- 359.99	24.25	24.50	24.75	24.75	24.75
360- 389.99	26.50	26.75	27.00	27.00	27.00
390- 419.99	28.75	29.00	29.25	29.25	29.25
420- 449.99	31.00	31.25	31.50	31.50	31.50
450- 479.99	33.25	33.50	33.75	33.75	33.75
480- 509.99	35.50	35.75	36.00	36.00	36.00
510- 539.99	37.75	38.00	38.25	38.25	38.25
540- 569.99	40.00	40.25	40.50	40.50	40.50
570- 599.99	42.25	42.50	42.75	42.75	42.75
600- 629.99	44.50	44.75	45.00	45.00	45.00
630- 659.99	46.75	47.00	47.25	47.25	47.25
660- 689.99	49.00	49.25	49.50	49.50	49.50
690- 719.99	51.25	51.50	51.75	51.75	51.75
720- 749.99	52.50	53.75	54.00	54.00	54.00
750- 779.99	52.50	56.00	56.25	56.25	56.25
780- 809.99	52.50	58.00	58.50	58.50	58.50
810- 839.99	52.50	58.00	60.75	60.75	60.75
840- 869.99		58.00	63.00	63.00	63.00
870- 899.99		58.00	65.25	65.25	65.25
900- 929.99		1/	66.50	67.50	67.50
930- 959.99			66.50	69.75	69.75
960- 989.99			66.50	72.00	72.00
990- 1019.99			66.50	74.25	74.25
1020- 1049.99			66.50	75.00	76.50
1050- 1079.99			1/	75.00	78.75
1080- 1109.99				75.00	81.00
1110- 1139.99				75.00	83.25
1140- 1169.99				75.00	83.50
1170- 1199.99				1/	83.50
1200- 1229.99					83.50
1230- 1259.99					83.50
1260- 1289.99					83.50

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments

July 1, 1977

Table 4

FOOD STAMP PROGRAM
Quarter-Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allotment	\$105	\$115	\$124	\$134	\$143
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	3.00	3.00	3.00	3.00	3.00
60- 69.99	4.00	4.00	4.00	4.00	4.00
70- 79.99	4.75	4.75	4.75	4.75	4.75
80- 89.99	5.50	5.50	5.50	5.50	5.50
90- 99.99	6.50	6.50	6.50	6.50	6.50
100- 109.99	7.25	7.25	7.25	7.25	7.25
110- 119.99	8.25	8.25	8.25	8.25	8.25
120- 129.99	9.00	9.00	9.00	9.00	9.00
130- 139.99	9.75	9.75	9.75	9.75	9.75
140- 149.99	10.50	10.50	10.50	10.50	10.50
150- 169.99	11.25	11.25	11.25	11.25	11.25
170- 189.99	12.75	12.75	12.75	12.75	12.75
190- 209.99	14.25	14.25	14.25	14.25	14.25
210- 229.99	15.75	15.75	15.75	15.75	15.75
230- 249.99	17.25	17.25	17.25	17.25	17.25
250- 269.99	18.75	18.75	18.75	18.75	18.75
270- 289.99	20.25	20.25	20.25	20.25	20.25
290- 309.99	21.75	21.75	21.75	21.75	21.75
310- 329.99	23.25	23.25	23.25	23.25	23.25
330- 359.99	24.75	24.75	24.75	24.75	24.75
360- 389.99	27.00	27.00	27.00	27.00	27.00
390- 419.99	29.25	29.25	29.25	29.25	29.25
420- 449.99	31.50	31.50	31.50	31.50	31.50
450- 479.99	33.75	33.75	33.75	33.75	33.75
480- 509.99	36.00	36.00	36.00	36.00	36.00
510- 539.99	38.25	38.25	38.25	38.25	38.25
540- 569.99	40.50	40.50	40.50	40.50	40.50
570- 599.99	42.75	42.75	42.75	42.75	42.75
600- 629.99	45.00	45.00	45.00	45.00	45.00
630- 659.99	47.25	47.25	47.25	47.25	47.25
660- 689.99	49.50	49.50	49.50	49.50	49.50
690- 719.99	51.75	51.75	51.75	51.75	51.75
720- 749.99	54.00	54.00	54.00	54.00	54.00
750- 779.99	56.25	56.25	56.25	56.25	56.25
780- 809.99	58.50	58.50	58.50	58.50	58.50
810- 839.99	60.75	60.75	60.75	60.75	60.75
840- 869.99	63.00	63.00	63.00	63.00	63.00
870- 899.99	65.25	65.25	65.25	65.25	65.25
900- 929.99	67.50	67.50	67.50	67.50	67.50
930- 959.99	69.75	69.75	69.75	69.75	69.75
960- 989.99	72.00	72.00	72.00	72.00	72.00
990- 1019.99	74.25	74.25	74.25	74.25	74.25
1020- 1049.99	76.50	76.50	76.50	76.50	76.50
1050- 1079.99	78.75	78.75	78.75	78.75	78.75

DO NOT WRITE IN THIS SPACE

**CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977

Table 4

FOOD STAMP PROGRAM
Quarter Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

[illegible]

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977

Table 4

FOOD STAMP PROGRAM

Quarter-Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	\$152	\$162	\$172	\$181	\$191
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	3.00	3.00	3.00	3.00	3.00
60- 69.99	4.00	4.00	4.00	4.00	4.00
70- 79.99	4.75	4.75	4.75	4.75	4.75
80- 89.99	5.50	5.50	5.50	5.50	5.50
90- 99.99	6.50	6.50	6.50	6.50	6.50
100- 109.99	7.25	7.25	7.25	7.25	7.25
110- 119.99	8.25	8.25	8.25	8.25	8.25
120- 129.99	9.00	9.00	9.00	9.00	9.00
130- 139.99	9.75	9.75	9.75	9.75	9.75
140- 149.99	10.50	10.50	10.50	10.50	10.50
150- 169.99	11.25	11.25	11.25	11.25	11.25
170- 189.99	12.75	12.75	12.75	12.75	12.75
190- 209.99	14.25	14.25	14.25	14.25	14.25
210- 229.99	15.75	15.75	15.75	15.75	15.75
230- 249.99	17.25	17.25	17.25	17.25	17.25
250- 269.99	18.75	18.75	18.75	18.75	18.75
270- 289.99	20.25	20.25	20.25	20.25	20.25
290- 309.99	21.75	21.75	21.75	21.75	21.75
310- 329.99	23.25	23.25	23.25	23.25	23.25
330- 359.99	24.75	24.75	24.75	24.75	24.75
360- 389.99	27.00	27.00	27.00	27.00	27.00
390- 419.99	29.25	29.25	29.25	29.25	29.25
420- 449.99	31.50	31.50	31.50	31.50	31.50
450- 479.99	33.75	33.75	33.75	33.75	33.75
480- 509.99	36.00	36.00	36.00	36.00	36.00
510- 539.99	38.25	38.25	38.25	38.25	38.25
540- 569.99	40.50	40.50	40.50	40.50	40.50
570- 599.99	42.75	42.75	42.75	42.75	42.75
600- 629.99	45.00	45.00	45.00	45.00	45.00
630- 659.99	47.25	47.25	47.25	47.25	47.25
660- 689.99	49.50	49.50	49.50	49.50	49.50
690- 719.99	51.75	51.75	51.75	51.75	51.75
720- 749.99	54.00	54.00	54.00	54.00	54.00
750- 779.99	56.25	56.25	56.25	56.25	56.25
780- 809.99	58.50	58.50	58.50	58.50	58.50
810- 839.99	60.75	60.75	60.75	60.75	60.75
840- 869.99	63.00	63.00	63.00	63.00	63.00
870- 899.99	65.25	65.25	65.25	65.25	65.25
900- 929.99	67.50	67.50	67.50	67.50	67.50
930- 959.99	69.75	69.75	69.75	69.75	69.75
960- 989.99	72.00	72.00	72.00	72.00	72.00
990- 1019.99	74.25	74.25	74.25	74.25	74.25
1020- 1049.99	76.50	76.50	76.50	76.50	76.50
1050- 1079.99	78.75	78.75	78.75	78.75	78.75

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
July 1, 1977
Table 4

FOOD STAMP PROGRAM
Quarter Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	\$153	\$162	\$172	\$181	\$191
Adjusted Monthly Net Income	Purchase	Purchase	Purchase	Purchase	Purchase
1080-1109.99	\$81.00	\$81.00	\$81.00	\$81.00	\$81.00
1110-1139.99	83.25	83.25	83.25	83.25	83.25
1140-1169.99	85.50	85.50	85.50	85.50	85.50
1170-1199.99	87.75	87.75	87.75	87.75	87.75
1200-1229.99	90.00	90.00	90.00	90.00	90.00
1230-1259.99	92.25	92.25	92.25	92.25	92.25
1260-1289.99	94.50	94.50	94.50	94.50	94.50
1290-1319.99	96.75	96.75	96.75	96.75	96.75
1320-1349.99	99.00	99.00	99.00	99.00	99.00
1350-1379.99	101.25	101.25	101.25	101.25	101.25
1380-1409.99	103.50	103.50	103.50	103.50	103.50
1410-1439.99	105.75	105.75	105.75	105.75	105.75
1440-1469.99	108.00	108.00	108.00	108.00	108.00
1470-1499.99	110.25	110.25	110.25	110.25	110.25
1500-1529.99	112.50	112.50	112.50	112.50	112.50
1530-1559.99	114.75	114.75	114.75	114.75	114.75
1560-1589.99	117.00	117.00	117.00	117.00	117.00
1590-1619.99	119.25	119.25	119.25	119.25	119.25
1620-1649.99	121.50	121.50	121.50	121.50	121.50
1650-1679.99	123.75	123.75	123.75	123.75	123.75
1680-1709.99	126.00	126.00	126.00	126.00	126.00
1710-1739.99	128.25	128.25	128.25	128.25	128.25
1740-1769.99	130.50	130.50	130.50	130.50	130.50
1770-1799.99	132.75	132.75	132.75	132.75	132.75
1800-1829.99	134.50	135.00	135.00	135.00	135.00
1830-1859.99	134.50	137.25	137.25	137.25	137.25
1860-1889.99	134.50	139.50	139.50	139.50	139.50
1890-1919.99	134.50	141.75	141.75	141.75	141.75
1920-1949.99	134.50	143.00	144.00	144.00	144.00
1950-1979.99	134.50	143.00	146.25	146.25	146.25
1980-2009.99	134.50	143.00	148.50	148.50	148.50
2010-2039.99	134.50	143.00	150.75	150.75	150.75
2040-2069.99	1/	143.00	151.50	153.00	153.00
2070-2099.99		143.00	151.50	155.25	155.25
2100-2129.99		143.00	151.50	157.50	157.50
2130-2159.99		143.00	151.50	159.75	159.75
2160-2189.99		143.00	151.50	160.00	162.00
2190-2219.99		1/	151.50	160.00	164.25
2220-2249.99			151.50	160.00	166.50
2250-2279.99			151.50	160.00	168.50
2280-2309.99					
2310-2339.99			151.50	160.00	168.50
2340-2369.99				160.00	168.50
2370-2399.99				160.00	168.50
2400-2429.99				160.00	168.50
2430-2459.99				1/	168.50
2460-2489.99					168.50
2490-2519.99					168.50
2520-2549.99					168.50

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

There is no state mandated cost to local government in these regulations that require reimbursement under Section 2231 of the Revenue and Taxation Code because the regulation merely affirms for the State that which has been declared existing law or regulation through action by the Federal government.

Approved:



MARION J. WOODS, DIRECTOR
Department of Benefit Payments

DO NOT WRITE IN THIS SPACE

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814
(916) 445-0313



FILED

In the office of the Secretary of State
of the State of California

JUL 7 - 1977

At 10:24 o'clock A.M.

MARCH FONG EU, Secretary of State

By Shea Dendesh
Deputy Secretary of State

July 7, 1977

CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations filed with the Secretary of State on March 10, 1977, concerning Direct Mailing/PAW Waivers, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424 and 11425, Government Code.

Department of Benefit Payments

By Marion J. Woods
MARION J. WOODS, Director

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137-2

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

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Office of Administrative Hearings

ENDORSEDAPPROVED FOR FILING
(Gov. Code 11380.2)

JUL 11 1977

Office of Administrative Hearings

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Copy below is hereby certified to be a true
and correct copy of regulations adopted, or
amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: July 7, 1977

By:

Malcolm K. Work

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JUL 11 1977

At 2:07 o'clock P.M.

MARCH FONG EU, Secretary of State

By *Margie R. Hershberger*
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on September 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend Sections: 63-2101
 63-2103
 63-2264 (Introductory Statement)

The authority for these regulations is W&IC § 18901 which provides for food stamp regulations to be adopted in conformity with federal law, and W&IC § 18904 which gives the director the authority to adopt food stamp regulations.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

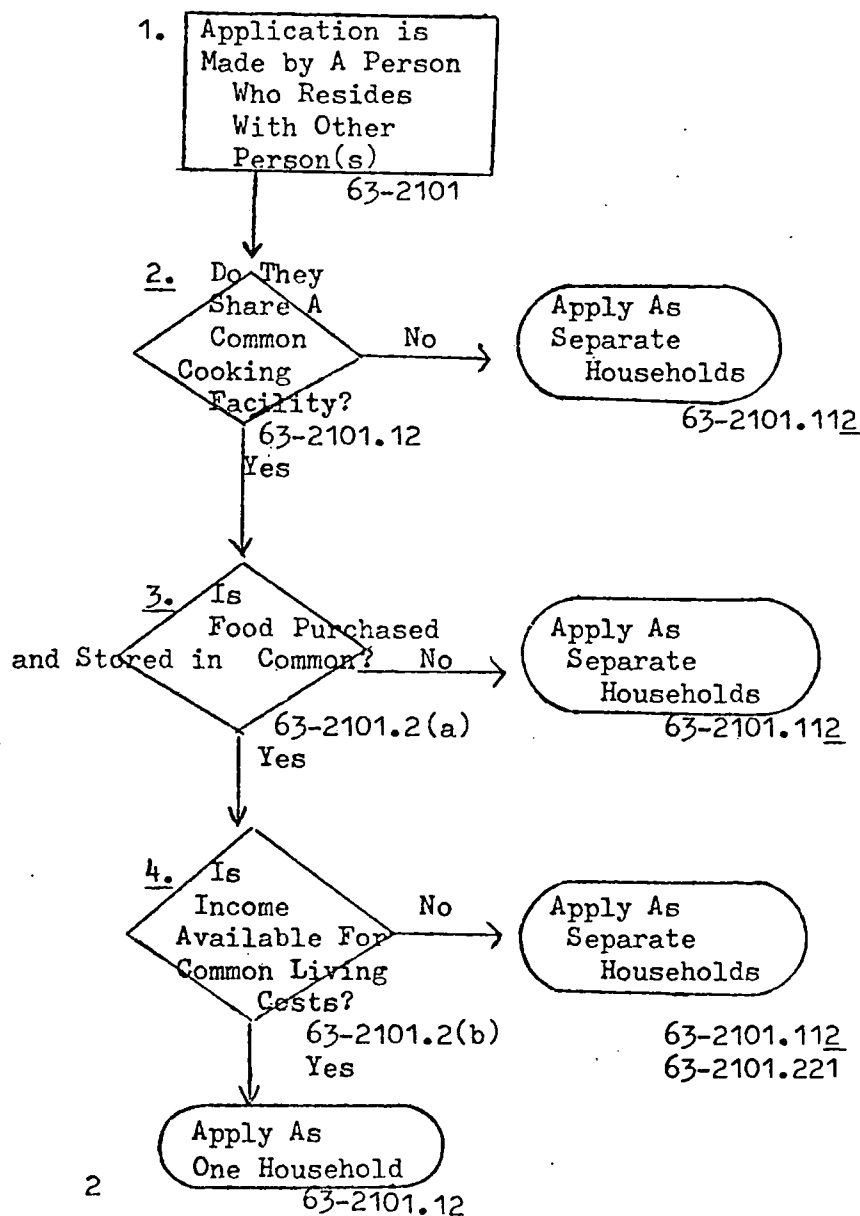
63-2101 HOUSEHOLD CONCEPT AND ECONOMIC UNIT

63-2101

The eligibility worker is responsible for determining which members of a group are to be included as members of the food stamp household before applying the Eligibility Standards as outlined in Manual Section 63-2200.

This flow chart illustrates the basic household determination process.

Refer to the following regulations to ensure that a group of individuals meet all of the criteria of a household and economic unit.



CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-2101 HOUSEHOLD CONCEPT AND ECONOMIC UNIT (Continued)63-2101.1 A household is defined as any one of the following:.11 An individual who:.111 Lives alone, and purchases and prepares food for home consumption..112 Purchases and prepares food for home consumption and resides with other persons but (1) is not a member of the other person's economic unit as defined in Section 63-2101.2, or (2) does not share common cooking facilities with such other persons.When certifyingpersons as separate households solely on the basis that they do not share common cooking facilities, prudent judgement should be exercised in identifying and verifying any questionable declarations regarding the use of actual separate cooking facilities..113 Need not have cooking facilities if:a. He/she is 60 years or older living alone or only with spouse and he/she participates in a delivered meals program or communal dining program, orb. He/she is a narcotics addict or alcoholic who is a resident of a drug addiction or alcoholic treatment and rehabilitation program and he/she receives meals through such program.

CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

63-2101 HOUSEHOLD CONCEPT AND ECONOMIC UNIT (Continued)63-2101EXAMPLE

Three individuals who are living together meet the criteria of a single economic unit. Two of the individuals share the kitchen appliances in their dwelling to cook their meals while the third member of the group uses a hotplate in his/her room as his/her sole cooking facility.

This group constitutes two separate households. The single member who cooks on his/her own hotplate shall be designated as a separate household from the other two members of the economic unit because he/she has established that he/she does not share common cooking facilities.

.12 A group of individuals living together and who meet both the following criteria:

121. Share a common cooking facility as defined in Section 63-2210.

122. Constitute an economic unit as defined in Section 63-2101.2.

.2 An economic unit is defined as a group of individuals for whom during the certification period:

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

63-2101HOUSEHOLD CONCEPT AND ECONOMIC UNIT (Continued)63-2101

- a. Food is purchased and stored for use in common by all members of the group and,
- b. Income and/or resources are available to meet the common living costs (such as, but not limited to, shelter costs) of any individual within the group.

.21 The following groups including family units/^{will}generally/^{be}defined as one economic unit unless they can demonstrate otherwise:

211. A husband and wife who reside at the same address. An unsubstantiated claim that they are informally separated, is not adequate to constitute separate economic units. (See Section 63-2101.222)
212. A husband and wife who reside at the same address, but are separated due to the absence of one spouse from the home for reasons of employment or education during a portion of a certification month.
213. A child under 18 years of age who lives with his/her parents or legal guardian, unless the child is self-supporting/^{or,}has been released from parental control by having previously left the family home and been self-supporting, by having been married, or by having become a parent.

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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

63-2101HOUSEHOLD CONCEPT AND ECONOMIC UNIT (Continued)63-2101

214. Groups of individuals where one individual meets all the
common living costs of the group. An individual may be/
all the common living costs of a group even though all of
his/her income is not available to the group.

.22 The sharing of common living quarters by a group of individuals
does not necessarily indicate that the group is to be considered
a single economic unit. However, when a group which shares common
shelter costs, and purchases food in common, wishes to apply as
separate economic units, the EW should carefully review the
situation with the applicant/recipient. The applicant/recipient
who shares common living quarters with a group is responsible for
establishing that he/she does constitute a separate economic unit.

.221 Individual members of a group can be considered as separate
economic units if they can show that they are only contributing
toward their portion of common living costs and not toward the
share of common living costs of other members of the group.

.222 When a member of a family unit claims to be a separate economic
unit, the EW may consider such criteria as the initiation of
legal proceedings for dissolution or separation, or the
existence of a medically approved special diet that necessitates
separate food purchase and storage.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-2101 HOUSEHOLD CONCEPT AND ECONOMIC UNIT (Continued)

63-2101

EXAMPLE

A food stamp applicant has Social Security income and shares
an apartment with another person who has earned income. Their
food is purchased and stored in common for use
by both persons, and they each pay their portion
costs, including utilities. There is no sharing
of income and/or resources because his/her
each person provides for /
individual needs only.

They are defined as separate economic units because they have
demonstrated that their income and/or resources are not
available to meet the other individual's portion of
common living costs, (they are actually contributing
toward their own share of costs only), even though their food
is available for common use.

EXAMPLE

A food stamp applicant has earned income and lives with
another person who also has income. They do not purchase
and
/ store any of their food for common use by both persons
because the food stamp applicant has special dietary needs.

They do have a
joint checking account from which they pay for rent and
utilities, and their other individual needs.

They are defined as separate economic units because their
food is not purchased and
/ stored for common use by both
persons, even though their income and/or resources are
available to meet the other individual's common living
costs.

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(Pursuant to Government Code Section 11380.1)

63-2264 INCOME DEDUCTIONS

63-2264

(Introductory Statement Only)

The following expenses will be the only deductions allowed to arrive at a household's adjusted monthly income. To be eligible for a deduction, the expense must be incurred by and paid for a household member, except where noted. A household, defined as one economic unit even though one of the spouses is away from the home for a portion of the certification month for reasons of employment or education, will only be allowed those deductions described in this section (see Section 63-2103.212).

If the individual is self-employed, the EW should check Section 63-2324.8, Deductions from Gross Income of Self-employment, to determine allowable deductions. The household must pay the expense or anticipate payment during the certification period in which the deduction is claimed. The expense is still deductible even if payment is made from resources or nonexcluded vendor payments.

For the purpose of determining allowable deductions, ineligible aliens who are an integral part of the household's economic unit shall be considered as any other household member.


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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

These regulations will result in no increased cost to any unit of local government.

Approved:

MARION J. WOODS, DIRECTOR
Department of Benefit Payments

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(Pursuant to Government Code Section 11380.1)

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ENDORSED

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(Gov. Code 11380.2)

JUL 20 1977

Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: July 15, 1977

By: *Malcolm J. Wood*

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JUL 20 1977

At 9:25 o'clock a.m.

MARCH FONG EU, Secretary of State

By: *Margie R. Hershberger*
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on October 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

AMEND: Section 63-2404.3
63-2406.1

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-2404 COUNTY WELFARE DEPARTMENT RESPONSIBILITIES (Continued)

63-2404

3 Department of Benefit Payments or County Welfare Department

There are certain changes which are initiated by the Department of Benefit Payments or by the county welfare department and over which the household has no control. Such changes are generally initiated as a result of a change in a State or Federal law or Federal regulation and include, but are not limited to:

- a. Mass changes in the amount of federally aided public assistance or general assistance payments;
- b. Changes in State or county standard deductions, such as, the standard utility allowance, if any;
- c. Changes in Federal standards, such as, semiannual coupon allotment adjustments which affect boarder or ineligible alien income computations, boarder definition, attendant deduction; etc.

When such changes occur, the county welfare department shall be solely responsible for making the appropriate adjustments in the household's food stamp eligibility. The household is not required to report these changes as, in the case of changes to standards, they represent no real change in actual household circumstances or, in the case of PA or GA changes, the county welfare department has full prior knowledge of the change. However, the household will continue to be responsible for reporting any changes where the county welfare department does not have full prior knowledge, such as increases in Social Security

payments. Counties are only responsible for initiating changes as the result of mass increases in Social Security payments when they have been provided by the Social Security Administration a listing of the exact dollar amount of the change being made for the individual households.

In most instances, however, counties are only notified by Social Security that changes will be made with no exact amounts given for individual households, or provided with conversion tables which do not identify changes for individual households. In such cases, counties are not to make the changes until they are reported by the recipient households. When recipients as provided in Section 63-2403.2, are required to report the change/ individual notices of adverse action are sent in accordance with provisions in Section 63-2405.

For those changes that

are generally known to the department well in advance of their effective date, the county welfare department shall make the necessary food stamp adjustments effective as of the effective date of the change. For instance, counties electing to use a utility standard should carefully plan their annual reviews of such standards in a manner which will permit the orderly adjustment of all case files where the standard was used by the effective date required for any revision to the standard. In some instances, changes initiated by the Department of Benefit Payments will constitute a mass change for which no individual notice of adverse action is required (see Sections 63-2406.1, 63-2406.2).

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-2406 CHANGES NOT REQUIRING ADVANCE NOTICE

63-2406

Individual notices of adverse action are not required under the following circumstances:

.1 Mass Change

Individual notice of adverse action is not required when mass changes in program benefits are required for certain classes of households because of changes required by Federal or State law or _____ regulations affecting the basis of issuance or _____ eligibility criteria. Examples of such changes include changes in the food stamp maximum income limitations or basis of issuance tables, and changes in GR/GA or PA grants, when such changes are made as described in Section 63-2404.3.


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**CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

There are no increased costs of any kind in these regulations.

Approved:


MARION J. WOODS, Director
Department of Benefit Payments

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FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

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(Gov. Code 11380.2)

JUL 20 1977

Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: November 26, 1976

By: *Malvin F. West*

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JUL 20 1977

At 9:25 o'clock *a* M.

MARCH FONG EU, Secretary of State

By *Naipie R. Nersisyan*
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on October 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

ADOPT: Section 42-213.139
42-213.2t
42-303.6
44-213.35

AMEND: Section 44-133

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

42-213 PROPERTY ITEMS TO BE EXCLUDED IN EVALUATING PROPERTY
WHICH MAY BE RETAINED (Continued)

42-213

.139 The real property in which an AFDC recipient has an ownership interest
and which is considered in an SSI/SSP resource evaluation.

- (a) The total value of property owned separately by the AFDC
recipient who is either the spouse or parent of the SSI/
SSP recipient and resides in the same household.
- (b) The total value of property owned jointly between the AFDC
recipient and the SSI/SSP spouse or child when they
reside in the same household.

42-213 PROPERTY ITEMS TO BE EXCLUDED IN EVALUATING PROPERTY
WHICH MAY BE RETAINED (Continued)

42-213

.2 Personal Property to be Excluded (Continued)

t. The personal property in which an AFDC recipient has an ownership
interest and which is considered in an SSI/SSP resource
evaluation.

- (1) The total value of personal property owned separately
by an AFDC recipient who is either the spouse or parent
of the SSI/SSP recipient and resides in the same
household.
- (2) The total value of ^{personal} property owned jointly between the AFDC
recipient and the SSI/SSP spouse or child when they
reside in the same household.
- (3) Lump sum retroactive SSI/SSP payments.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

42-303 AFDC REQUIREMENTS (Continued)

42-303

6. The income of an AFDC applicant that may have been used in an SSI/SSP or APSB grant computation will be considered in determining the financial eligibility of the AFDC Family Budget Unit. (See Section 44-133.26, Income in Cases in Which the Family Budget Unit Resides in the Same Household as an SSI/SSP, or APSB Recipient).

44-133 TREATMENT OF INCOME -- AFDC

44-133

AFDC

1. All net income of persons included in the Family Budget Unit is income to the Family Budget Unit.
2. Income in Cases in Which the Family Budget Unit Resides in the Same Household as ^{an} SSI/SSP or APSB recipient.
21. The aid payment and income of an SSI/SSP or APSB recipient shall not be included in the Family Budget Unit's income and grant computation.
22. Lump sum retroactive SSI/SSP or APSB payments received by a recipient are not countable income to the Family Budget Unit (See Section 42-213.238(c)).
23. Payments for goods or services by ^{an} SSI/SSP or APSB recipient to an AFDC recipient are income to the Family Budget Unit.
from an interest in the community or joint property
24. Income derived / of an SSI/SSP or APSB recipient and an AFDC recipient is prorated between owners and the AFDC recipient's share is countable income to the Family Budget Unit.

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-133 TREATMENT OF INCOME -- AFDC (Continued)

44-133

- .25 Actual voluntary contributions made by an SSI/SSP or APSB recipient to an AFDC recipient are income to the Family Budget Unit. This does not include pooled income to meet shared living expenses, or payments for living expenses made in lieu of other payments in a shared living arrangement. However, no contribution will be required of the SSI/SSP or APSB recipient.
- .26 If an AFDC applicant is determined to be eligible for and receives AFDC, income of the AFDC applicant that may have been used in an SSI/SSP or APSB grant computation will be included in the AFDC grant computation. The county shall notify the Social Security Administration or the appropriate EVH or APSB worker as to the effective date that the income is used in the AFDC grant computation so that such income may be deleted from the SSI/SSP or APSB grant computation.
- .27 The county shall notify the Social Security Administration of the effective date that an AFDC recipient and any of his/her income is deleted from the Family Budget Unit because of receipt of SSI/SSP, if the recipient has income which was used in the AFDC grant computation. This is necessary so that the Social Security Administration may begin to consider the income. No retroactive adjustment of the AFDC grant shall be made because of receipt of SSI/SSP or APSB if the grant was correctly computed during the period the SSI/SSP or APSB application was pending.

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(Pursuant to Government Code Section 11380.1)

44-133 TREATMENT OF INCOME – AFDC (Continued)

44-133

AFDC | .3 Income in Cases in Which the FBU Does Not Include a Parent or Other Needy Caretaker

.31 All net income of persons included in the Family Budget Unit is income to the Family Budget Unit. In addition, the following is income to the Family Budget Unit.

.311 If a parent living in the home is excluded from the Family Budget Unit because he does not wish to fulfill requirements with respect to some of the children in the home, the excluded parent's net income after deducting an amount to meet the needs of the excluded parent and excluded children is income to the Family Budget Unit. No such deduction may be made from the parents' income to meet the needs of children excluded from the Family Budget Unit because they are married, are not attending school, not incapacitated, or not employed, or have excess property.

.312 If a parent living in the home is excluded from the Family Budget Unit because the exclusive income of one child meets the child's and parent's needs, the parent's income from other sources is income to the Family Budget Unit.

.313 If the parent is excluded from the Family Budget Unit because of receipt of APSB, the aid payment and income of such a recipient parent shall not be pooled with the Family Budget Unit's income and grant.

.314 The amount by which the nonneedy relative, other than a parent with whom the child lives, is able and willing to meet the child's needs is income to the Family Budget Unit.

.4 Income of Children in Foster Care

All net income received by or on behalf of children in foster care shall be considered income to the child.

.5 Income of a Mother in a Maternity Home

All net income received by or on behalf of a mother in a maternity home shall be considered income to the mother.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-133 TREATMENT OF INCOME -- AFDC (Continued)

44-133

AFDC.6 Stepfather's Income and Liability.61 Definition of Stepfather Unit

The stepfather, his wife, and his children, including children he has in common with his wife, are members of the Stepfather Unit when they are not in the Family Budget Unit

Within this definition and the definition of Family Budget Unit (Section 44-213.3) persons in the household may be in either the Stepfather Unit or the Family Budget Unit. _____

.62 Needs of Stepfather Unit.621 Stepfather in Family Budget Unit

When the stepfather is included in the Family Budget Unit (see Section 44-213.3), the total amount of his net nonexempt income shall be income to the Family Budget Unit for purposes of grant computation. The exemptions of earned income listed in 44-111.2 shall be allowed where applicable.

.622 Stepfather Not in Family Budget Unit

When the stepfather is excluded from the Family Budget Unit, the county shall determine his ability to support himself, his wife, or his children including their children in common on the basis of the AFDC Minimum Basic Standard of Adequate Care (Section 44-212.2). Allow deductions from his gross income for mandatory payroll withholdings and prior support liability in accordance with Section 44-133.633a.

- a. If his income meets their combined need, exclude his wife and his children from the Family Budget Unit for purposes of both eligibility determination and grant computation.
- b. If his income does not meet their combined need, include his wife and any of the stepfather's needy eligible children for whom aid is requested in the Family Budget Unit for purposes of both eligibility determination and grant computation.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-133 TREATMENT OF INCOME - AFDC (Continued)

44-133

AFDC .63 Stepfather Contribution

Income to the Family Budget Unit from the stepfather shall be the largest of the following:

- .631 That amount actually available to the Family Budget Unit.
- .632 That portion of a wife's community property interest (one-half) in her husband's property or earnings that is actually available to her.
- .633 A wife's legally collectible interest in the community property including earnings of her husband. A wife's legally collectible interest in her husband's earnings is equal to one-half of the remainder after deducting the following from his total monthly gross earnings:
 - a. Any prior support liability actually contributed by him either voluntarily or under court order, for the support of his children by a woman other than his current wife when such children are not living in his home, plus
 - b. \$300.

This amount is to be used only to the extent that it is actually available to the wife.

In no event shall the amount considered available to the Family Budget Unit be greater than the stepfather's gross income less any prior support liability as described in Section 44-133.633 above, mandatory payroll deductions and the appropriate Minimum Basic Standard of Adequate Care figure for persons in the Stepfather Unit as determined in accordance with Section 44-133.622

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-133 TREATMENT OF INCOME -- AFDC (Continued)

44-133

AFDC.64 Referral for Collection of Stepfather Contribution

When an amount less than that determined in Section 44-133.63 above is available to the wife, or to the Family Budget Unit, the county shall refer the case to the appropriate county legal officer to obtain the wife's share of the community property pursuant to Civil Code Section 5127.5 only if the wife expresses a freely given willingness to do so.

.65 Referral for Non-Support

there
Where/are reasonable grounds to believe that the stepfather,
having the ability to do so, does not actually provide his
wife with necessary food, clothing, shelter and medical attention,
as required by Penal Code Section 270a, the county shall refer
the case to the appropriate Legal Officer.

DO NOT WRITE IN THIS SPACE

.7 Income From Contribution By Unrelated Adult Male Living In The Home

The net amount of the contribution made to meet his own living expenses, plus any additional contribution made to the family budget unit, is net income to the family budget unit. See Section 44-113.5.

.8 Restricted Income

.81 When a child with restricted income (Section 44-101.2) is included in the Family Budget Unit, (Section 44-213.31) his restricted income is income to the Family Budget Unit.

.82 When a child with restricted income (Section 44-101.2) is not included in the Family Budget Unit, (Section 44-213.31) the restricted income shall not be treated as income to the Family Budget Unit except to the extent that the restricted income is actually used for or contributed to Family Budget Unit members.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

44-213 THE FAMILY BUDGET UNIT (Continued)

44-213

.35 If a member of an AFDC Family Budget Unit applies for SSI/SSP
he/she remains eligible for inclusion in the Family
Budget Unit until the first of the month following the receipt
of the SSI/SSP payment. However, if the SSI/SSP
payment is received on the first of the month, he/she is not
eligible for AFDC for that month.

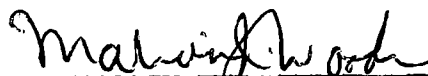
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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

As this regulation affirms for the State that which has been declared existing law or regulation through action by the Federal government, there are no State mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code.

Approval:



MARION J. WOODS, Director
Department of Benefit Payments

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FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JUL 20 1977

Office of Administrative Hearings

ENDORSED

APPROVED FOR FILING
(Gov. Code 11380.2)

JUL 20 1977

Office of Administrative Hearings

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Copy below is hereby certified to be a true
and correct copy of regulations adopted, or
amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: July 15, 1977

By:

Mahoney Wood

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JUL 20 1977

At 9:25 o'clock a.m.

MARCH FONG EU, Secretary of State

By *Maipie R. Hershberger*
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on October 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend: Section 44-133.

Adopt: Section 44-133.

This regulation change implements Civil Code § 5127.5 as interpreted in Camp v. Swoap.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-133 TREATMENT OF INCOME -- AFDC (Continued)

44-133

AFDC.64 Referral for Collection of Stepfather Contribution

When an amount less than that determined in Section 44-133.63 above is available to the wife, or to the Family Budget Unit, the county shall refer the case to the appropriate county legal officer to obtain the wife's share of the community property pursuant to Civil Code Section 5127.5 only if the wife expresses a freely given willingness to do so.

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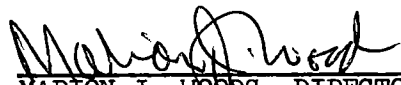
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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

There are no costs associated with this change because the counties have already implemented the stepfather referral process as required by All County Letter No. 74-158 dated August 7, 1974.

Approved:


MARION J. WOODS, DIRECTOR
Department of Benefit Payments

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77-15

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JUL 20 1977

Office of Administrative Hearings

ENDORSED

APPROVED FOR FILING
 (Gov. Code 11380.2)

JUL 20 1977

Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: July 19, 1977

By:

Malcolm L. Wood

Director

(Title)

FILED

In the office of the Secretary of State
 of the State of California

JUL 20 1977

At 9:25 o'clock *a* M.

MARCH FONG EU, Secretary of State

By *Margie R. Hershberger*
 Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on October 1, 1977, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

AMEND: Section 43-107.6
 43-201.24

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

43-107 COOPERATION REQUIREMENTS (Continued)

43-107

.6 Unwed Minor Parent

Aid shall be denied or discontinued to the unwed minor parent if he/she refuses to provide necessary information which can be verified regarding his or her parents' ability to support, or in lieu of such information refuses to consent to having his or her parents contacted for the purpose of determining their ability to provide support of their child. Unwed minor parents who refuse to provide necessary information or to consent to parental contact under this section may be eligible for Medi-Cal benefits despite their refusal. The county welfare department should ensure that the Medi-Cal eligibility of such individuals is considered.

43-201 CHILD SUPPORT AND PATERNITY (Continued)

43-201

AFDC

- shall
.24 Child support collection activities / be continued for three months after assistance has been terminated and thereafter only at the written request of the recipient.

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

There are no state mandated local costs in these regulations.

Approved:



MARION J. WOODS, Director
Department of Benefit Payments

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